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MISSOURI State Board of Nursing Newsletter

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Message from the President

Anne Heyen, DNP, RN, CNE

April 5, 2019 was the 5th annual Innovative Best Practices (IBP) conference. This event was sponsored by the MSBN in partnership with State Fair Community College and was held at the College's campus in Sedalia. The conference is targeted towards nursing educators across the state and included many important topics such as legal aspects of nursing, online education, and a number of breakout sessions with various focuses. The board would like to express our thanks to Bibi, Ryan, Mallory, and the rest of the education team for all their hard work in getting this conference set up and implemented. It is nice to have a fantastic, local conference that is free to attend, especially in these times of tight budgets. The board would also like to express our thanks for each one who attended, as we recognize that time is precious, especially in the middle of a semester.

There was much great feedback provided from those who filled out the evaluation form. The feedback provided and the overall evaluation was reviewed by the full board at our last meeting. We have several fantastic ideas that will be further explored as the planning for the next IBP conference begins later this summer. The conference is an excellent example of the board, board staff, and educators working together to improve education for the nursing students of Missouri.

Executive Director Report

Lori Scheidt, Executive Director

End of 2019 Legislative Session Report

The 2019 legislative session of the Missouri General Assembly ended May 17, 2019. The Governor has 15 days to act on a bill if it is delivered to him during the legislative session and 45 days if the legislature has adjourned or has recessed for a 30-day period.

The following is a summary of actions that impact nursing regulation.

Certified Nursing Assistants

Senate Bill 514 allows certified nursing assistants to receive training in hospitals. The current law only allowed training to occur in nursing homes and other long-term care facilities. It also allows those who have completed the competency evaluation and training for the designation of "unlicensed assistive personnel" in hospitals to take the certified nursing assistant examination.

Telehealth

Senate Bill 514 repeals the sunset provision on the utilization of telehealth for advanced practice registered nurses in rural areas of need. You may recall that state law 335.175, RSMo allows an Advanced Practice Registered Nurse (APRN) to provide nursing services under a collaborative practice arrangement outside the geographic proximity if both the collaborating physician and APRN are utilizing telehealth in the care of the patient and the service is provided in a rural area of need. That original law, 335.175, RSMo, was set to sunset (expire) August 28, 2019. Senate Bill 514 removed that expiration date.

Correction to Previous Article

The excerpt below was printed in the last edition of our newsletter. I have corrected the citation of the law regarding false statements.

Nurse Required to Renew – Don't Let Anyone Else Complete the Renewal

You should not allow anyone else to complete your license renewal. The license renewal application asks you to answer questions for which only you may know the correct answer. False statements are subject to criminal penalties and/or license discipline. The online renewal application includes a section where the individual attests that all statements or representations submitted are made under oath or affirmation and are true and correct under penalty of section **570.095**, RSMo which specifies that anyone who make a false statement in writing with intent to mislead a public official in the performance of his official duties is guilty of a class B misdemeanor.

Address Changes

The board received 16,952 address changes from the time period of February 1, 2019 to May 31, 2019. Nurses are required by law to notify our office of an address change within 30 days of the change. You may notify our office of your address change through this link, https://pr.mo.gov/nursing-address.asp. Don't jeopardize receiving important information regarding your license and ability to practice.

http://pr.mo.gov

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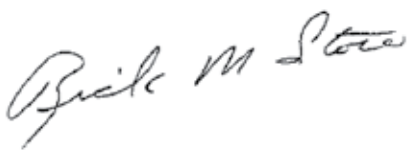
DISCLAIMER CLAUSE

Nurses

The Love that is in us
is fickle at best.
Compassion of Nurses
takes care of the rest.
Nurses are people
but different than us.
They care for our loved ones
they are worthy of trust.
From the hub of the wheel
help radiates out.
The need for our nurses
is never in doubt.
Doctors or aides or patients in need
are answered by nurses who
follow their creed
We all must remember
the help we were given.
To help is the reason
nurses are driven.
We depend on our nurses
our life is in their hands.
To help is their duty
and proudly they stand.

RMS



Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (*MoSALPN*)	573-636-5659
Missouri Nurses Association (*MONA*)	573-636-4623
Missouri League for Nursing (*MLN*)	573-635-5355
Missouri Hospital Association (*MHA*)	573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

As of July 1, 2019

Profession	Number
Licensed Practical Nurse	23,612
Registered Professional Nurse	108,447
Total	**132,059**

SCHEDULE OF BOARD MEETING DATES THROUGH 2019

August 7-9, 2019

November 6-8, 2019

February 26-28, 2020

May 19-21, 2020

August 19-21, 2020

November 4-6, 2020

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at http://pr.mo.gov

Removal and Use of Facility Supplies

Janet Wolken, MBA, RN, Director of Compliance

The board has seen a trend in recent investigations of nurses who are using facility property for themselves or others. These nurses are terminated for theft of facility property and then reported to the board.

Example 1:

Nurse A arrives at work not feeling well. Some reasons cited for not feeling well have been morning sickness, staying out too late the night before, diarrhea or vomiting, and urinary tract infection. Nurse A makes the decision that IV fluids would make him/her feel better. The floor is busy and the nurse does not want to leave co-workers short. The nurse surmises that if s/he goes to the emergency room or home, a staffing shortage will occur. Nurse A asks Nurse B to start an IV on him/her. Nurse A hangs a bag of normal saline while Nurse B watches Nurse A's patients. What is described here is theft of facility property. Nurse A has diverted or stolen the IV start supplies, the IV tubing and the IV fluids. Nurse B has started an IV without an order. Nurse A and B have both violated the Missouri Nurse Practice Act (MO NPA).

Example 2:

Nurse C has a prescription for a non-controlled medication. Nurse C leaves the prescription medication in the car, at home, or the prescription has run out. Nurse C feels like s/he needs the medication mid-shift. Nurse C removes the medication from the Pyxis under a patient name and uses the medication for personal use. Nurse C cites various reasons to justify the immediate need for the medication. The reasons cited can be many, but examples include: asthma attack, chest pain, elevated blood pressure or an allergic reaction. If this medication was an immediate need, then Nurse C should have notified co-workers and gone to the emergency room for treatment. This incident is diversion or theft of facility property and a violation of the MO NPA.

Example 3

Nurse D is working with Nurse E. Nurse E is complaining of an allergic reaction and states s/he is having difficulty breathing. Nurse D obtains a prescription medication from the Pyxis and gives it to Nurse E. Nurse D has now worked outside her/his scope of practice and has diverted/stolen the medication. Nurse D should have recommended that Nurse E go to the emergency room for treatment. By taking the facility medication, Nurse E has stolen/diverted the medication and violated the MO NPA.

Example 4

Nurse F removes facility property for home use. The facility property are items such as Band-Aids, syringes, ace wraps, betadine, and/or alcohol pads The supplies are intentionally placed in a pocket or bag and taken home. Nurse F attempts to justify his/her actions by claiming everyone does it. The fact is it is a violation of facility policy to intentionally remove property from the facility for personal use. What this scenario describes is theft of facility property.

Some facilities may have a stock supply for employee use. A facility may have a written policy or standard operating procedure that allows an employee to take an ibuprofen or acetaminophen from a stock supply. It is your responsibility to know the policies of your employer. Make sure you know the policy or standard operating procedure prior to taking medications from stock supply. A best practice for employers is to have a written policy about this and educate your team.

In most of these scenarios, the nurses claim that there was no awareness of a practice violation until after the termination. In some cases, it was mentioned or suggested that the nurse had observed other nurses doing the same conduct and never receiving any repercussions. Many were "caught" on camera and a film clip was submitted with the investigation.

The Nurse Practice Act may be found at https://pr.mo.gov/nursing-rules-statutes.asp Section 335.066.2 RSMo gives the board authority to file a complaint with the administrative hearing commission to pursue cause to discipline a license for specific reasons, which include: "misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including but not limited to, the following:... (e) Performing nursing services beyond the authorized scope of practice for which the individual is licensed in this state" [335.066.2 (6) RSMo]; "violation of any professional trust or confidence" [335.066.2 (13) RSMo]; "violation of the drug laws or rules and regulations of this state, or any state or the federal government" [335.066.2 (15) RSMo]; and "diversion or attempts to divert any medication, controlled substance or medical supplies" [335.066.2 (25) RSMo].

There are a few lessons learned that warrant consideration.

Honesty, accuracy and integrity are personal traits considered imperative for the provision of safe and effective nursing care. The board may be concerned that if a nurse engages in fraud, theft, or deception toward his/her employer, there is the possibility that the nurse will also engage in the same behavior toward patients.

You owe a duty to your patients to perform the duties for which you were hired. You have a duty to remain alert and vigilant to maintain patient safety. If at any point during your practice as a nurse you experience some sort of mental or physical ailment/injury that may impair or prohibit your ability to provide appropriate and efficient care to your patients, it is your professional obligation to remove yourself from the workplace or make accommodations to your schedule until such time you are able to provide safe care for your patients. If you are impaired by any means, you present a safety risk to your patients.

Missouri Board of Nursing and members of U.S. Air Force meet to streamline the transition for military service members, veterans and their spouses into the civilian workforce

Jefferson City, MO – On May 22nd, members of the United States Air Force joined the Missouri State Board of Nursing at their meeting in Jefferson City to discuss ways to improve and streamline the transition of military service members, veterans and their spouses into the civilian workforce.

The White House report titled, *The Fast Track to Civilian Employment: Streamlining Credentialing and Licensing for Service Members, Veterans and Their Spouses*, encouraged states to support legislative efforts that would transition veterans into the civilian workplace. In 2017 the Missouri Board of Nursing wholeheartedly joined this effort and approved the United States Air Force (USAF) Basic Medical Technician Corpsman Program (BMTCP -- Air Force Specialty Code: 4N0X1) as Practical Nursing program. This allows service members to apply for and take the National Council Licensure Exam for Practical Nurses (NCLEX-PN) and obtain a LPN license.

At this meeting, officials discussed the Air Force's assessment of 4N0X1 training and presented the Missouri Board of Nursing with current and projected changes to the 4N0X1 curriculum, education and training. Air Force officials presented plans for upgrade training in civilian acute care facilities. This plan has the potential to have a positive impact on the nursing workforce in Missouri while providing an avenue for valuable upgrade training for Air Force active duty personnel. This would create a win-win situation for the Air Force, Missouri health care providers and recipients of nursing care in Missouri and abroad.

"We value the contributions veterans have made in the military and acknowledge their training and experience," said Lori Scheidt, Executive Director of the Missouri State Board of Nursing. "Our goal is to make sure veterans receive the credit they so rightly deserve and assist with civilian careers in nursing."

In addition to easing the transition for veterans into the civilian workforce, this is an action that also addresses the need to increase the number of licensed nurses in the state which is currently facing a shortage of qualified nurses.

Joining the Missouri State Board of Nursing were:

Brigadier General Robert J Marks – Air Mobility Command Surgeon and Chief of the Air Force Nurse Corps at Scott AFB – IL; Colonel Deedra L. Zabokrtsky, Chief, Officer Force Development Division and Director, Air Force Nursing Services at Headquarters AF, Office of the Surgeon General – Falls Church, Virginia; Chief MSgt Ruben M. Vazquez – Aerospace Medical Service and Surgical Service Career Field Manager, Office of the Surgeon General, Falls Church, Virginia; Chief MSgt David M. Denton, Command Aerospace Medical Service Functional Manager and AF Aeromedical Evacuation Consultant, Office of the Command Surgeon, Headquarters Air Mobility Command, Scott AFB; Lt. Colonel Matthew Pfeiffer – Chief Nurse, 509th Medical Group at Whiteman AFB; MSgt Tiffany Campbell – Aerospace Medical Services Career Field Manager – 509th Medical Group at Whiteman AFB; Chief MSgt Alando Respress, Aerospace Medical Service Functional Manager from the 59th Medical Wing, Joint Base San Antonio – Lackland AFB.

Missouri State Board of Nursing Hosts Nursing Students

Initial Planning

In November 2018 the Missouri State Board of Nursing (Board) entered into a collaborative agreement with the Curators of the University of Missouri (University) on behalf of the Sinclair School of Nursing in Columbia to establish an educational experience for students that would be equally beneficial to nursing students as well as the Board. Learning experiences for students were to enhance understanding of legislative and regulatory processes in state government, the Division of Professional Registration and particularly the Board of Nursing. Field experiences were to engage students in real time regulatory activities to better understand current issues in health care, particularly nursing workforce needs and development, nurse faculty shortages and regulation of nurse education programs. Regulators and University nurse educators would work together to select professional staff that would be optimally positioned to work with nursing students to meet such goals. Lori Scheidt, Executive Director for the Board of Nursing collaborated with Dr. Robin Harris, Associate Dean at Sinclair School of Nursing, as well as Dr. Sherri Ulbrich, Associate Teaching Professor at Sinclair School of Nursing to establish this unique and innovative partnership.

Lori Scheidt

Lori Scheidt, Executive Director – Missouri State Board of Nursing: "This experience was very positive. The initial formulation of the preceptor agreement allowed the office team and nursing program to foster a relationship for exchange of information and ideas. Our office team gained the fresh perspective of students and students gained a deeper understanding of the complexities of nursing regulation."

Dr. Sherri Ulbrich

Dr. Sherri Ulbrich – Associate Teaching Professor with the Sinclair School of Nursing: "In working with the Missouri State Board of Nursing (BON) staff, MU Sinclair School of Nursing students gained invaluable perspectives about nursing regulation and the role of the Board in protecting the health and safety of Missourians. The learning opportunities at the BON enabled students to better understand the role and functions of the Board of Nursing. This new level of understanding of the BON and public health and safety will be an asset to their future practice and professional development. Students and faculty recognized the benefits of working with BON preceptors. We are grateful to the BON for providing these unique and relevant learning experiences for our students."

Learning Experiences

An informational meeting with five (5) nursing students currently enrolled in Sinclair School of Nursing baccalaureate and graduate nursing programs was launched in February 2019. Nursing students met with professional staff to determine learning experiences that would optimally engage students in the regulatory environment, address individual learning needs and interests and provide conceptual frameworks to best guide their experiences. Bibi Schultz, Director of Education for the Board of Nursing, worked with students as a point of contact and provided guidance and feedback as their preceptor.

By March 2019 students were fully engaged in regulatory work with their preceptors. Students did a great job to seek out activities that they felt would provide them with optimal experiences to help build their professional portfolio. Students attended Board meetings, provided valuable feedback through review and evaluation of workforce data and reports, participated in nurse educator association meetings and conferences, worked with professional staff to conduct site visits for nursing programs and completed research projects related to nursing education and workforce development.

Eryn Acton, BSN Student

Madison Malecha, BSN Student

Caitlin Sherwood, BSN Student

Bibi Schultz

Bibi Schultz, Director of Education – Missouri State Board of Nursing: "To engage students in the regulatory environment is such a unique opportunity to help shape their professional perspective and to learn in real time how important and impactful their actions as professional nurses will be."

Teresa Crowder DNP Student

"My name is Teresa Crowder, I am a Registered Nurse in the state of Missouri and a Doctorate in Nursing Practice (DNP) student with an emphasis in Nursing Leadership and Health Care Innovation with the University of Missouri Columbia – Sinclair School of Nursing. This spring I have been working on my clinical residency hours with the State Board of Nursing staff members. This experience has allowed me to learn more about the projects the Board and Board staff are exploring. For example, the Board staff is working with the military on a curriculum pathway for medics to become licensed providers in the civilian world. This helps military medics find meaningful employment after their military career. Nursing regulation and public safety is part of a nurse's career but to learn about the work the Board conducts provides a different viewpoint of the profession. Participating in the Board meeting in February I saw nursing programs in the state presenting program improvements for Board decisions. There were also licensees of the state present to preserve their license for various actions of discipline. This is something I will never forget and believe every nurse and nursing student should experience. I would recommend this experience to anyone interested in learning more about the role of the State Board of Nursing and the work their staff engage, supporting nursing education and safe nursing practice within the state."

Students' Evaluation of Preceptor Experiences

Professional staff worked with Sinclair School of Nursing course faculty to complete formal evaluations of student progress and performance at midterm as well as at the end of the semester. Upon conclusion of the spring 2019 semester students were asked to provide feedback to the Board in regard to their experience in the regulatory environment. An eighty percent (80%) response rate for the survey was achieved. Students unanimously described their experiences as "excellent." When asked about experiences that were most helpful to their learning, attending of legislative hearings and participation in nursing school site visits were among favorite activities. The following comment was included: **"I really enjoyed attending the hearing over the APRN licensure bill. I also enjoyed getting to attend the nursing school site visits. Both of those opportunities helped me to better understand the roles nurses can play within state government and education."**

All students indicated that they would recommend this preceptor experience to other nursing students. This comment was received: **"I thought it was a valuable experience to have seen the logistical side of nursing. I was able to learn why these rules and regulations are set in place and the impact that the Board has on every nurse working in the state."**

When asked to provide feedback that may help professional staff to provide most optimal experiences for nursing students in the future, students rated initial planning at the beginning of the semester, engagement in meaningful projects to be accomplished and the freedom to choose field experiences around their school schedules as most helpful in accomplishing their goals.

Comments included: **"I really enjoyed my time with the Board. I think it is important that students have a meaningful project to accomplish while in their placement with the Board because that helped me feel that I was useful and not just taking up everyone's time."**

Reflection and Future Planning

As the spring 2019 semester concludes, it is important to reflect on the significance that launching of this innovative preceptor model represents. While students benefit from engagement in activities to help broaden their view of the regulatory environment and their work with professional staff may impact their professional direction in nursing practice, the students' perspective on workforce development, nursing education and impact of legislative action on nursing practice is tremendous. As professional staff worked closely with the nursing students and students gained a more complex understanding of issues on hand, their participation and feedback added a layer of observation and objectivity that may have significant impact going forward. Current planning of future preceptor experiences is underway. Nurse educators and professional Board staff continue to work together to replicate and expand preceptor opportunities for nursing students. The benefit of enhanced graduate readiness to navigate the complex environment of professional nursing is clear, impact of these experiences to inspire future nurses to actively participate in legislative and regulatory actions and to directly impact nursing practice in Missouri is invaluable!

Moments with Marcus

Marcus Engel

As I'm writing this, there's so much excitement in Missouri over the Cinderella story St. Louis Blues. As game #3 kicked off in St. Louis, there were tears…or maybe someone was just choppin' onions nearby. Hard to say.

The trauma that nearly ended my life and left me blind occurred immediately after attending a Blues game. It was the season opener that night and later, while I recovered in the ICU, something special happened…

If you've heard me keynote or read any of my books, you may recall stories about Rick. Rick was an ICU nurse who was tasked with taking care of me in the early days of recovery. When we met, I was less than a day post op from a 20+ hour facial reconstruction surgery. Rick's patient, er, me, was on a breathing tube, immobilized by traction, blind, mute and disfigured. Yet, I was intrigued by the introduction to Rick because we talked about the Blues. By "talked," I mean that he spoke and I had to write everything out longhand on a legal pad. Even though Rick was taking care of a critical and complex patient, having that brief conversation about our mutual love of hockey showed his recognition of my humanity. Yes, I was a horribly injured patient, but I still had loves and passions and preferences.

The next couple days were spent in a fog of narcotics and pain and confusion and realization of loss. As the hours crept by, though, I still had a desire to keep up with hockey. Or, maybe it was just an attempt to hold onto something "normal" when everything had gotten so messed up. Since the Blues would be facing off against the hated Chicago Blackhawks that very evening, it would be a very different experience "watching" hockey with my ears instead of my eyes. But, just a few minutes into the game, the narcotics, the adrenaline, the post op pain, the loss and the despair all combined and left me exhausted. Before the end of the first period, I drifted off to sleep.

The next morning, visitors arrived. "Marcus, did you hear your name on the Blues game last night?" What? My name?

"Yeah, about halfway through the game, the announcers sent out their best wishes to Marcus Engel for a quick recovery. They said you'd been injured in an accident after a recent Blues game." TV announcers talking about me, an 18 year old kid? How'd that happen? Then, I found out.

"Marc, remember your nurse, Rick, from a day or two ago?" my parents asked. I nodded. "I think he was the person who made that happen." Huh, I thought. I knew Rick was also a Blues fan, but how did he get my name mentioned on the air?

As it turns out, Rick had a friend who had a friend who knew a guy. After our initial meeting, Rick had made a few calls, shared my story and, well, next thing ya know, I'm being wished a speedy recovery by all of Bluesdom. I couldn't believe that this one nurse who I'd met one time would go so far above and beyond the call of duty.

Soon after, Rick was by my side again, tasked with taking care of my battered self for a shift. When he entered, I slowly wrote out on the legal pad, "You got my name on the Blues game." More a statement than a question. "Yes," Rick said. I laid down my pencil and stuck out my hand. We shook. I tried to convey my gratitude through our physical contact. Thank you, thank you, I wrote. Words are never enough, but they were all I had. And when you have virtually nothing, those acts of kindness and compassion speak volumes.

These types of gestures aren't uncommon in nursing…and they mean the world to your patients. When you connect with a patient on a human level, especially in times of such deep pain and loss, it stands out. I hope you'll always go above and beyond for your patients so they'll know you, too, care about them outside your professional role.

Evidence-Based Practice: Are You Working at the Top of Your License?

By OSBN RN/LPN Education Policy Analyst Nancy Irland, DNP, RN, NMNP, CNM

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Do you remember your first impression of nursing? Perhaps it was placing a hand on a fevered brow, or a crisp, white uniform and black-ribboned cap. Maybe it was a doctor's "handmaiden." Has it ever been a professional whose trusted decisions are guided by research?

Previously, nurses didn't make decisions based on research (Polit & Beck, 2006). Very little nursing research was available. In addition, getting our hands on any research was often a futile effort that included a drive to the closest university to search the card catalog hoping to find something useful. Then, we would pay a fee to photocopy the article, take it back to the manager, and hope he or she would consider the change. Of course, it needed physician approval, too. As you can imagine, validation of good ideas did not seem worth the effort. The way we'd always done things worked just fine and was based on trusted, authoritative opinions.

Over time, everything changed. White uniforms, caps, and the handmaiden role were out; nursing research and accessibility to it on the internet were in. The public began demanding accountability for safety and quality in health care. With that came the phrase, "evidence-based medicine," which has been implemented in nursing as, "evidence-based practice." Evidence-based practice (EBP) has changed the field of nursing. It marks a shift among healthcare professionals from a traditional emphasis on authoritative opinions to an emphasis on data extracted from prior research and studies as well as patient preference. No more doing something because doctor X said so.

In spite of the benefits, the mention of EBP makes many nurses raise their eyebrows in disdain. This could be because of a misunderstanding that EBP requires bedside nurses to *generate* new research in addition to everything else they must do. It is important to recognize that EBP is not the *generation* of research. Instead, it is our *standardization of healthcare practices* by basing them on science, best evidence, and clinical expertise (Stevens, 2013). Today, nurses are valued members of interdisciplinary teams. Regulatory bodies expect nurses to go beyond being kind and caring. The opinion of the Oregon State Board of Nursing is that a nurse who works at the top of her or his license is a nurse whose trusted decisions are *guided and validated* by research and evidence.

In this article we'll take a look at the way things used to be before EBP. We'll review the history of this approach to patient care, define what we mean by EBP, and consider the benefits of EBP to us both professionally and personally. Finally, we'll look at ways to incorporate EBP into nursing practice in spite of limits on time and energy and perhaps see the concept with new eyes.

The Way Things Used to Be

Where do we get the courage to do what we do? As nurses, we're asked to do things to people that most others wouldn't think of doing: stick things into their bodies, push powerful drugs into their veins that could stop their hearts, and so forth. Why aren't we scared to do that? (Okay, sometimes we *are* a little scared). Those of you who have come into the profession in the last 20 years have had the benefit of grounding your practice on a growing body of evidence that didn't exist years ago. Before EBP, I was often scared; after EBP I felt more confident in what I was doing. I could carefully evaluate research to confirm that the practices I was asked to do had been validated as beneficial by research studies. Putting babies to sleep on their backs was one of those changes that seemed intuitively wrong (wouldn't they choke on mucus at the back of their throats?), but the research was powerfully in its favor.

Until the US Department of Health and Human Services established the National Institute of Nursing Research in 1993, standards of care were based primarily on tradition or the established practices of a more renowned hospital down the road. Our main sources of evidence included whatever we learned in school, textbooks in the hospital library, recommendations from our more experienced colleagues, or providers' opinions. Without the internet, we weren't likely to validate the reliability of our practice if nothing "bad" was happening because of it. We had confidence in the status quo. As such, because many changes or innovations in practice came only by word of mouth, it was often terrifying to adopt them, though we did.

I still remember an event that happened before we obstetrical nurses were provided with formal neonatal resuscitation classes. I was the nurse assigned to assist a pediatrician with a planned resuscitation for a baby whose mother was having an emergency cesarean section for fetal distress (an old term). The pediatrician was new to our hospital and just out of residency. Because the cesarean was emergent, he had raced in from his office; there was no time to discuss our resuscitation ahead of time.

The surgeon placed the purple baby on the warmer. She was floppy like a fish, with glazed eyes. Between chest compressions performed by another nurse, the pediatrician quickly inserted an airway into the apparently lifeless baby. I had drawn up some epinephrine and was ready to inject it. The pediatrician said, "Pour it into the tube."

I was speechless. We traditionally gave epinephrine as an injection. But, the only time we were supposed to question a doctor's order was if an ordered medication was on a patient's allergy list. With my heart pounding, I did as he asked, hoping I was not killing this already-stressed newborn.

You know the rest of the story: the baby turned pink and cried loudly. I had just witnessed evidence that epinephrine in an ET tube worked without drowning the baby. When I asked the physician for a physiological explanation, he was kind enough to explain, and it all made sense. Still, I would have preferred to see the literature for myself before doing it. Later, when we began taking official neonatal resuscitation classes I saw the evidence.

History of Evidence-Based Practice

At about the same time, around 1971, a visionary epidemiologist in the United Kingdom named Archie Cochrane was becoming a vocal critic of the fact that most medical treatments were not based on a systematic review of clinical evidence. For the obvious reasons cited above, even physicians didn't have the time or the resources to review an adequate number of research articles to inform their practice. Mr. Cochrane made the decision that a collection of systematic reviews should be created—one-stop-shopping for research that would guide best practices. With that, the Cochrane Collaboration was born.

This is not to say that current medicine considers the evidence while traditional medicine did not. Providers have been using evidence for medical decision-making for many years. What has changed is the *availability* of more evidence. This reduces the need for educated guesses and puts the responsibility on us to know about the evidence and to incorporate it into practice when indicated. Cochrane Reviews provide meta-analyses that do the time-consuming work of assessing and comparing a broad swath of studies around the world, to help determine the strength and reliability of the research and associated outcomes.

Defining Evidence Based Practice

So, let's get back to defining *evidence-based practice*. As we've said, it marks a shift from a traditional reliance on authoritative opinions to an emphasis on data from prior research and studies. We've noted that EBP is not the *generation* of new knowledge; it is the *application* of research. EBP blends research evidence with clinical expertise and encourages individualization of care by including patient preferences when indicated. Too often, allowing for individualization of care is overlooked, although that is one of the fundamental pillars of EBP.

Evidence-based practice has been traditionally conceptualized as a three-legged stool (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996) that depends on: 1) the best clinical evidence; 2) professional expertise and decision-making; and, 3) client preferences. Like all stools, however, the floor on which the stool is placed determines whether or not we feel safe sitting on it. Clearly, not everything we do in healthcare is quantifiable or researchable. Albert Einstein is credited as saying, "Not everything that counts can be counted, and not everything that can be counted counts." This is where the *levels* of evidence come in. Research evidence is not binary; it isn't either "evidence-based" or "non-evidence-based." There's a continuum of "stronger" and "weaker" evidence that validates whether or not a treatment is effective.

Questions about the quality of the research, wording of the research question, and the outcomes of the research must all be evaluated with other research on the same topic before we decide to, "sit on the stool," and trust the evidence. Cochrane reviews do that for us. Our clinical reasoning includes individualizing the science with what this patient wants and what might be best in this situation, after the patient learns the pros and cons.

Benefits of Evidence-Based Practice

Our patients benefit best when we practice with the support of science and share the evidence with them. This also benefits us personally. Evidence reduces fear and uncertainty in both the patient and in ourselves. It increases confidence. Evidence can confirm our intuition and give us the support to make needed changes. It helps us accept change and keep improving care. It helps develop a standard of care. Evidence gives us a defense for our actions if questioned. A nurse whose practice is validated with solid research develops a stellar reputation as someone to be trusted.

Incorporating Evidence on a Daily Basis

Why, then, do so many nurses resist the push to incorporate evidence-based practice in their work? Two of the top barriers cited are, "not having enough authority to change patient care procedures," and, "having insufficient time on the job to implement new ideas," (Griffiths, et al, 2001).

Evidence-based practice is a practice based on knowing. It's working intentionally, confirming that your beliefs and decisions about patient care are grounded in research. I would suggest that a nurse can incorporate EBP every day by bringing a questioning approach to her practice, validating her practice with applicable research, sharing those findings with patients and colleagues, and perhaps changing hospital policies when necessary. The Cochrane reviews can confirm the strength of the evidence to determine if one's standards of practice are scientifically supported by the three-legged stool of EBP. Imagine how powerful it would be if each nurse on your unit adopted one protocol or practice per year, to validate. A protocol without a good answer for *why* it was done could be either: 1) validated without needing change; 2) improved and tracked for better outcomes; or, 3) discarded as not helpful, and replaced with a new protocol, with the support of evidence. All of this, of course, requires the support of management. Sometimes the support of providers is also necessary.

Summary

The ancient phrase, "dare to know," was first used by the Roman poet Horace in 20 BCE. It is even more important now, with patients demanding that we know why we do what we do. The information and evidence is at our fingertips. If you don't know the evidence behind the treatments or standards you follow, look them up. Patients should be able to trust that the decisions we make are supported by the best research and scientific evidence available. More importantly, each nurse should take pride that he or she is working at the top of his or her license. Be that kind of nurse.

Dare to Know

Suggested Research Data Bases

Cochrane Library: http://www.update-software.com/publications/cochrane/

Pubmed: http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?DB=pubmed

UpToDate: http://www.utdol.com

eMedicine: http://www.emedicine.com

National Guideline Clearinghouse: http://www.guidelines.gov

Clinical Evidence: http://www.clinicalevidence.com/ceweb/index.jsp

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PROTECT YOUR NURSING LICENSE

Safe Handling, Administration, and Documentation of Controlled Substances

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INTRODUCTION

The purpose of this article is to provide information for nurses regarding best practices for handling, documenting, and administering controlled substances within a variety of healthcare settings while staying attuned to the signs of substance abuse and diversion. When best practices aren't followed, a violation of the Nursing Practice Act could result, cause patient harm, and contribute to the opioid epidemic or to the substance use disorder of a colleague; all of which may put the licensed nurse in a position of being investigated. The information provided in this article will improve your knowledge of state and federal regulations regarding controlled substances, lead to safer patient care provided by nurses, and may assist in the identification of abuse and diversion of controlled substances. The North Carolina Board of Nursing's (NCBON) mission is to protect the public by regulating the practice of nursing (NCBON, 2018). As the occupational licensing board for nurses in North Carolina, the Board is acutely aware of the opioid epidemic and its impact on the nursing profession.

This article will present techniques nurses can use to maintain safe practice standards while working with controlled substances and in turn, increase patient safety.

NURSE ACCOUNTABILITY FOR CONTROLLED SUBSTANCES

Nurses are in the most direct position in the healthcare continuum to protect patients by ensuring there is adequate documentation in the medical record to support the administration and wasting of controlled substances. The types of storage for controlled substances include, but are not limited to, locked medication carts, locked cabinets, and automated dispensing systems (e.g., Pyxis® or Omicell®), with the choice being based on a facility's size, available resources, and the volume of controlled substances dispensed (Lockwood, 2017). The act of retrieving or removing a controlled substance from a secure, locked location places the nurse in possession of the drug and ultimately responsible to account for the entire amount removed. A nurse is charged with multiple areas of patient care responsibility related to medication administration including assessment, order verification, retrieval and preparation of the correct dose, administration, and documentation. Think back to your nursing school days and the often-repeated statement: "*if it's not documented, it wasn't done*." This continues to hold true throughout all aspects of nursing practice and is essential for all record keeping related to controlled substances. Only through clear, timely, and accurate documentation of all elements of the administration and wasting of controlled substances can the nurse fulfill the responsibility of accounting for all of the substance removed from the secure storage site.

Regardless of what system is used by a facility, documentation requirements are the same but may occur in different formats (i.e., paper vs electronic). A basic requirement for documentation of a controlled substance ordered on an as needed (PRN) basis is to include the reason for the medication (e.g., pain, anxiety, sleep). If the medication is being given for pain, documentation should include the location of the pain, along with the appropriate pain scale rating, date, time, route, amount (based on provider order), and a follow-up if the medication was effective or not. The patient's description of pain should be included in the medical record if any additional descriptors are provided. When controlled substances are administered on a routine, regular, or scheduled basis, the documentation of ongoing assessments and evaluations of patient status and medication effectiveness are just as important. Your agency policy and procedure will guide you on any agency specific requirements.

Documentation processes may vary, depending on the facility; however, the required components of documentation of the administration or disposal of a controlled substance remain the same regardless of practice setting. For example, nurses working in long-term care facilities often use paper documentation. They are required to document the removal of the controlled substance on a controlled substance inventory form, document the time, date of the medication administration on the medication administration record (MAR), and finally, document why the medication was given along with the effect of the medication in the appropriate area on the MAR.

In facilities that utilize an electronic format for documenting the nurse may be required to scan the controlled substance medication prior to administration. The scanner documents the date and time of the administration; however, the nurse is required to document the assessment related to the pain scale used and follow-up documentation related to the effectiveness of the controlled substance. This may include, for example, a follow-up within an hour for oral medications or a follow-up within 30 minutes for intravenous medications. The intervals for this follow-up evaluation may vary by agency policy and regulatory requirements. If the agency uses an electronic scanning system to document administration of medications, it is the nurse's responsibility to ensure the scanner is functioning. If not functioning, report this immediately to your agency's information technology department or to nursing leadership. This is an important action to ensure compliance with intuitional polices and regulations relating to the safe use, storage, and disposal of scheduled medications.

WASTING CONTROLLED SUBSTANCES

When controlled substances are retrieved or removed from secure storage in quantities in excess of that to be administered, the nurse is responsible for wasting or destroying the unneeded portion in the presence of a witness. The best practice for wasting of controlled substances is to waste at the time of removal from the storage location. The witnessing nurse should visually watch the administering nurse as the correct dose is drawn up or as a pill cutter is used to obtain the ordered amount, observe as the unneeded portion is wasted in the agency-approved manner or receptacle, and then document the waste electronically or in writing. According to Brummond et al. (2017), the witness to the wasting of controlled substances should verify the following: product label, amount wasted matches what is documented, and that the medication is wasted in an irretrievable location.

To strengthen an agency's policies and procedures on controlled substances, an agency should consider including the following statements: an unused controlled substance should be returned instead of wasted; administration should occur immediately after a controlled substance is removed from its storage location; and controlled substances should only be removed for one patient at a time (New, 2014).

These practices reduce the chance of forgetting to waste a controlled substance or taking a controlled substance outside the facility. Unused portions of controlled substances should not be carried by the nurse, left unattended on a counter, nor returned to the locked storage location. Both the administering nurse and the witness are responsible for documenting the wastage according to facility policy. A nurse should never document witnessing controlled substance wastage that was not actually observed.

REGULATION OF CONTROLLED SUBSTANCES

Controlled substances are subject to both Federal and State regulations. The United States Drug Enforcement Agency (DEA) has categorized drugs into categories, called schedules, based on the level of risk to the public, the drug's acceptable medical use, and the potential for abuse or dependency. Five schedules of drugs, including both prescribed controlled substances and illicit substances, are designated by the DEA. Nurses should be familiar with each schedule and why these substances are scheduled by the DEA. The DEA can change the schedules based on new evidence regarding indications for the drug. For example, schedule I drugs are illegal substances due to the fact that they have high risk for abuse leading to physical or psychological dependence and have no current medically accepted use. However, because the medical and recreational use of marijuana is expanding with the implementation of various State laws, the current DEA schedule may be altered as increasing evidence of efficacy and/or risk emerges.

The five schedules identified by the DEA are listed below with examples of common medications nurses may administer frequently in their nursing practice (with the exception of schedule I which are illegal substances):

- Schedule I- heroin, marijuana, LSD, MDMA AKA "ecstasy"
- Schedule II- Morphine, Methadone, Oxycodone, Fentanyl, Hydromorphone, Hydrocodone, Dilaudid, Adderall, Ritalin, and OxyContin
- Schedule III- buprenorphine, Codeine with NSAID, marinol, and anabolic steroids
- Schedule IV- benzodiazepines (Xanax, Ativan), Ambien®, Sonata®, Tramadol, Soma
- Schedule V- Lyrica®, Lomotil®, cough suppressants with low dose codeine

When a medication is scheduled by the DEA, this requires nurses to count and conduct inventories of each medication. Some facilities may choose to also require counts for non-controlled substances due to high risk of diversion or high cost of medication. Those medications counted and inventoried are those subject to stringent documentation requirements for administration and wastage. In long-term care facilities, the practice of borrowing controlled substances dispensed for one resident for administration to another when the supply is not available places the nurse and the patient at risk. The risk of administering the wrong medication is increased due to the potential of confusing the various controlled substance names. The risk is also increased by bypassing the established safety process of a pharmacist verifying the medication (dosage, patient name, allergies).

PROBLEMS WITH WASTING CONTROLLED SUBSTANCES

Have you ever been asked to witness a waste of a controlled substance that your "gut" told you not to witness? Did a nurse bring you a syringe with clear fluid and tell you Fentanyl 100mcg was in there and ask you to waste? Did a nurse tell you she had wasted a controlled substance while you were at lunch and ask you to sign as witness? What did you do? Did you notice a pattern with this nurse? Did you report this information to your nursing leadership? If you feel uncomfortable witnessing, you should decline to do so and refer the individual to a charge nurse or nursing leader. Holding a colleague accountable for the agency's policies and procedures on wasting could save a patient's life, protect you from falsifying patient records, reduce agency liability, and even save your colleague from potentially self-destructive behaviors related to substance use. If you are unclear about your agency policy on the wasting of controlled substances, ask a nursing leader to review this information with you individually or during a staff meeting.

IDENTIFICATION OF DIVERSION

Healthcare agencies need to have policies and procedures in place to conduct internal investigations and how to manage the outcomes (Berge, Dilllon, Sikkink, Taylor, & Lanier, 2012) related to diversion activities. The investigation of diversion should be conducted using a methodological, bias-free, detailed approach to ensure the safety of patients (Brummond et al., (2017). The investigations may be conducted by nursing leadership, pharmacists, clinical compliance staff or any combination of staff members with the expertise in conducting investigations. Brummond et al. (2017) also recommend an agency policy that provides clear guidance on when to engage external entities such as law enforcement, licensing boards, or the DEA. Additionally, agencies need to have ongoing processes in place to monitor nurses' patterns of controlled substance removal, documentation, and administration. This may be conducted through random controlled substance audits, review of standard deviation reports, or tips from compliance hotlines reporting concerns with a nurse's practice. These processes will assist in detection and reporting to regulatory agencies with a goal of preventing diversion (Lockwood, 2017). When healthcare agencies work synergistically with regulatory bodies to provide details of an agency's internal investigations, the result is safer patient care delivery due to nurses receiving the necessary education or treatment for substance use disorder.

The behaviors listed below are indications suggesting that a nurse might be diverting controlled substances or experiencing a substance use disorder. These suspicious behaviors should trigger a review of the nurse's handling, documentation, administration, and waste of controlled substances.

- Patient complaints of unrelieved pain (perhaps only when specific nurse assigned)
- Changing patient to injectable meds from oral meds
- Patients receiving maximum dose of prescribed medications
- Inconsistent administration between shifts (larger or more frequent dosing by one nurse)
- Only nurse to administer controlled substances
- Offering to administer PRN medications for other nurses' patients
- Placing controlled substances in pocket
- Reports of taking controlled substances outside of the facility

Protect Your Nursing License continued on page 8

Protect Your Nursing License continued from page 7

- Wasting controlled substances not close to the time of removal
- Removing/retrieving controlled substance before time due or patient request
- Holding onto waste for later administration
- Removing/retrieving for more than one patient at a time
- Dosage requires a waste (purposely choosing larger dose vials that will require waste)
- Pattern of removing and wasting at end of shift
- Tampering with sharps containers
- Spending time at workplace when not scheduled to work
- Offering to work overtime or extra shifts consistently
- Change in behaviors, personality, demeanor, and work habits
- Change in appearance
- Arriving to work late frequently
- Prolonged or frequent bathroom breaks

PROTECTING YOUR PATIENTS AND YOURSELF FROM EFFECTS OF DIVERSION

What can you do when you identify a co-worker with some of these characteristics listed above? Why is it important to speak up about your observations? There are ways to help protect yourself and your patients from a nurse who might be diverting controlled substances. Some of the examples are for nurses in acute care settings and others for the long-term care facility setting. The suggestions are based on how the controlled substances are stored at your facility.

- Take time to visually witness the waste of controlled substances at time of removal
- Report if another nurse is documenting administration of controlled substances to your patient(s) without notifying you
- Don't delegate the administration of a controlled substance that you removed (emergency situations are an exception but should be documented)
- Don't share passwords
- Change passwords per agency policy
- Ensure you have logged out of automated dispensing machines prior to walking away from machine
- Monitor for a nurse who "piggybacks" the access of another nurse
- Keep medication cart or cabinet keys in your possession (don't share your keys)
- Keep medication cart locked
- Complete narcotic counts at every staff/shift change
- Use lock boxes in home health or hospice settings

IDENTIFICATION OF PATIENT ABUSE OR MISUSE OF CONTROLLED SUBSTANCES

No other professional group has the same level of direct patient care contact as nurses (IOM, 2010; NCSBN & Graber. M. 2018). Nurses serve a critical role in ensuring that communication, coordination of care, patient education, monitoring, and surveillance enhance patient safety. Nurses who interact and work with patients in non-acute care settings play an integral role in combatting the opioid epidemic by documenting their assessments and findings in the medical record to assist the provider in making an informed decision on whether to prescribe or not. Nurses are invaluable due to their interactions with patients, length of time taken to gather information, and rapport/trusting relationship built with patients. Nurses who are aware of the potential signs of opioid abuse or misuse are better equipped to assist in identification and development of a plan with a provider to safely address findings of potential or actual substance abuse by patients. The Food and Drug Administration (FDA) (2018) recommends safe disposal of unwanted, expired, or discontinued medications. Safe disposal techniques for patients may include medication take back programs or mixing the controlled substance in cat litter or used coffee grounds. Additionally, Dahn (2016) suggests nurses take the time to educate patients on the disposal of medications which may reduce the risk of accidental overdoses, unintended access by others, or accidental consumption by a child. Dahn (2016) identified the following signs of potential patient misuse and abuse that would warrant a further collaborative investigation by the nurse and provider:

- Doctor shopping
- Utilization of multiple pharmacies
- Variations in spelling of name
- Frequent office visits
- Requests for escalation of doses
- High quantities of pills
- Reports of lost or stolen opioid prescriptions
- Paying cash for provider services
- Combinations of controlled substances ("trinity:" hydrocodone, Xanax, and Soma; "Holy Trinity:" oxycodone, Xanax and Soma)
- Failure to follow pain management agreements
- Inconsistent drug screens

CASE SCENARIOS

Let's examine some scenarios in which a nurse does not meet the standard related to the handling, documentation, administration and waste of controlled substances. The following two case scenarios apply the concepts discussed in this article.

Scenario 1

A nurse removed Dilaudid 2mg from the automated dispensing system and hands that medication to another nurse for administration. The nurse who received the medication forgot to document administration. During the facility's weekly controlled substance audit, it was noted that the Dilaudid 2mg was not documented as administered.

Discussion.

The nurse who removed the controlled substance is ultimately accountable for the controlled substances. The nurse who removed the medication has a responsibility to ensure the medication is documented as administered or wasted. The agency may conduct a further audit of the nurse's handling and documentation of controlled substances. If further issues are found or a pattern of removing controlled substances and then handing to another nurse for administration is identified, the nurse might be asked to submit to a for-cause drug screen or counseled on the risk. This is an example of a nurse implicitly trusting another nurse to conduct all the required steps of administration, documentation, and follow-up assessments.

Scenario 2

A nurse on a medical-surgical unit has six patients on her 7am to 7pm shift. Most patients require as needed pain medications due to surgical incision pain. The nurse completes her required physical assessments for her shift but did not document the administration of six doses of controlled substances (Morphine, Oxycodone, and Hydrocodone) to three patients and did not complete pain assessments on any of the six patients assigned during the shift. During the next shift worked by this nurse, she again does not document the administration of controlled substances that were removed. The nurse also holds controlled substances in her uniform pocket and requests other nurses to waste at the end of the shift (both oral and intravenous medications).

Discussion

The hospital conducts a random audit of the nurse's documentation of controlled substances and discrepancies were noted on this nurse's audit. The licensee is asked about the discrepancies, placed on administrative leave pending a full audit and asked to submit to a required drug screen. This could be considered failure to maintain an accurate medical record. The nurse should have identified the importance of ensuring all documentation was in the medical record before leaving the shift or asked for support from the charge nurse if the shift was too busy.

Conclusion

The proper handling, administration, waste, and documentation of controlled substances is imperative for the safety of patients. The accountability of the licensed nurse encompasses all of these elements and the nurse carries legal responsibility for implementing safe practice standards and guidelines as well as assuring compliance with state and federal controlled substance laws. Failure to do so could place patients and nurses at risk for adverse events. If challenged concerning your handling, administration, or waste of controlled substances, your best defense will be clear, complete, timely, and accurate documentation. If you identify the signs of potential substance use disorders in your patients, colleagues, or yourself, timely reporting can lead to effective treatment options. Substance use disorder treatment can protect a nurse's ability to practice safely, but more importantly, can save patient and nurse lives!

REQUIRED REFLECTIVE QUESTIONS

1. How would you handle if you note a fellow co-worker is administering controlled substances to a patient when the patient does not appear to need (no pain symptoms)?
2. What should you do if you discover a controlled substance discrepancy?
3. At the facility you are employed, how do you obtain the policy on documentation of controlled substances and the wasting process?
4. How would you handle being asked to waste a controlled substance that a nurse has held in his/her pocket entire shift?
5. How would you handle being asked to administer a controlled substance that was removed by another staff member?
6. What would you do if a nurse asked you to witness a waste you did not observe?
7. How would you handle discovering a patient was obtaining controlled substances from multiple providers or was abusing illicit substances (heroin, cocaine)?
8. You noticed a nurse who offers to frequently medicate your patients with a controlled substance. What additional information would you gather?
9. A nurse is seen frequently on the unit when not on duty, has had changes in behavior, and has requested to work extra shifts. Would you consider this an indication of diversional behaviors?
10. A family member of a deceased hospice patient asks you to discard controlled substance medications. How would you respond? Who would contact to get direction?
11. While admitting a patient, you note the patient's medications include the same controlled substances from multiple providers. What would you do with this information?
12. You are the charge nurse and a patient reports they had no relief from the Morphine administered by the day shift nurse 30 minutes prior. What do you do with this information?

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Education Report

The Show Me Principle – Peer Review in Regulation

by Bibi Schultz, RN, MSN, CNE
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Missouri State Board of Nursing Education
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Within its 68,886 square miles of land area, Missouri houses more nursing programs per capita than most other states. Missouri is home to 99 pre-licensure nursing programs, many of which have multiple campus and satellite locations. While Missourians are often seen as quite traditional and sometimes accused of wanting to cling to the familiar, Missouri nurse educators are quite resourceful to explore innovative ways to educate their students. Minimum standards for programs of practical and professional nursing are part of the Missouri Nurse Practice Act. Each pre-licensure nursing program is required to have some degree of Missouri State Board of Nursing (Board) program approval to operate. While protection of the public remains the overarching mission, the Board is quite progressive and welcomes innovation in nursing education while sustaining a model of quality, integrity and stability. The mission to protect the public aligns well with the Missouri State Motto: "Salus populi suprema lex esto" which is Latin for "Let the welfare of the people be the supreme law." Application of this principle is clearly evident in Board responsibilities and processes.

Applicants for nursing licensure in this state must have graduated from a nursing program approved by the Board as part of their eligibility to apply to take the licensure exam. The Board approves practical nursing, associate degree, diploma, baccalaureate, and entry-level master's degree nursing programs that prepare individuals for initial licensure as a practical or professional nurse. Currently, there are forty-one (41) practical, twenty-nine (29) associate degree, one (1) diploma, and twenty-eight (28) baccalaureate degree nursing programs approved by the Board. Board approval may vary from initial to full and conditional approval. The Board is one (1) of only five (5) state boards of Nursing currently recognized by the U.S. Department of Education as an approval agency for nursing education. Program approval processes are aligned to consistently meet U.S Department of Education requirements while assessing/ensuring individual program compliance with the Missouri Nurse Practice Act. As part of professional staff employed by the Board, the director of education is responsible for day-to-day oversight of nursing program approval processes. The director of education and two (2) additional staff positions comprise the Board's education section. Site visits are conducted to provide the Board with most current findings related to program compliance. All findings are submitted to the Board in form of written reports. Board staff completes an average of forty-five (45) site visits each year. Initial approval visits are conducted prior to program start and continued on regular basis until the program meets requirements for full approval or until initial approval is withdrawn by the Board. Programs with full Board approval are surveyed on a 5-year rotation schedule, beginning from the first year of full approval. Programs on conditional Board approval are evaluated at least once each year. Focused site visits are conducted as part of the Board's approval of major program changes, to include substantial program expansions, issues related to quality of instruction and/or program integrity, concerns about program processes and/or complaints that the Board may receive against a nursing program. Significant drop in first-time licensure exam pass rates may generate conduction of Focused/Follow-up site visits as well. The director of education has authority to schedule and conduct site surveys as deemed necessary. A comprehensive completion schedule is kept to track site visit scheduling, completion of site visit reports and timeline for the Board's review and approval in real time.

While education Board staff leads and participates in all site visits, a team of highly qualified adjunct surveyors (peer reviewers) is available to assist. Throughout the history of the Board, experienced nurse educators have been utilized to assist with program survey processes. The team approach model was initiated in 2007 to foster and ensure the highly collaborative flavor of site visit processes and to maintain compliance with U.S. Department of Education requirements. Survey teams of at least two (2) qualified site visitors are required. A policy allowing nursing programs to submit paper surveys, in lieu of five (5) year on-site visits for programs with accreditation from a nationally recognized nursing accrediting body and by the Higher Learning Commission of the North Central Association for Schools and Colleges, the Coordinating Board for Higher Education, or the Accrediting Council for Independent Colleges and Schools, permissible prior to 2007, was discontinued. Early 2008 the Board officially extended an invitation to nurse educators from all levels of nursing education and regions of the state to participate in program evaluation processes. The response from Missouri nurse educators was overwhelmingly positive. A formal orientation process was designed and state contracts were developed to align compensation for services rendered. Since 2008 twenty-seven (27) nurse educators as well as ten (10) Board staff have completed the adjunct surveyor orientation. Orientation sessions are designed to inform potential site visitors of program review processes and to reiterate the Board's mission and expectations. Effective representation of the Board is clearly identified as the essential link to this collaborative work and mutual respect. Board staff continues to provide orientation sessions as necessary.

Nurse educators selected to serve on site visit teams are highly qualified nurse educators. For fiscal year 2020, fifteen (15) nurse educators are contracted to assist with conduction of site visits in the capacity of adjunct surveyors. Each survey team is comprised of at least one (1) Board staff as well as one (1) or two (2) peer reviewers. For fiscal year 2020, the adjunct surveyor team is comprised of ten (10) adjunct surveyors with doctoral degrees and five (5) who are masters prepared. A majority of them are currently working as nursing program administrators and/or faculty; some are semi-retired but want to continue to share their wisdom with colleagues. All of them come with extensive experience and expertise in nursing education. Selection of each individual survey team is the responsibility of the director of education with assistance of the education compliance officer. Several factors are considered when planning each team. Peer reviewers are selected by their educational level as well as that of the program, individual schedules/availability, potential conflict of interest, and geographic location of the program and peer reviewer(s). Objectivity and ability to provide program evaluations appropriate for each level of nursing education are deciding factors in the selection process. While on site, education Board staff leads and facilitates the evaluation process; data collection as well as compilation of recommendations to the Board in response to site visit findings are achieved through collaboration of a highly qualified team of experts. The evaluation process is designed to foster collaboration among the survey team, program administrators, faculty and students.

Utilization of survey tools, comprised of the Minimum Standards for Programs of Practical and Professional Nursing, provides a referenced approach to program evaluation and lends highly standardized formatting to each survey report. This referenced approach reflects guiding principles of deliberate, impartial program evaluation, objective judgment related to findings and consistent formulation of necessary recommendations. Each fall Board staff begins to plan the survey schedule for the following year. Survey dates are set well in advance and peer reviewer (adjunct surveyor) selections are made to allow ample time for planning and review of documentation. Each nursing program receives the respective self-study guide at least three (3) months prior

Education Report continued on page 10

Education Report

Education Report continued from page 9

to the survey date. Self-study guides and the instruction letter are designed to foster submission of program information and materials that are sufficient to initiate and facilitate program reviews.

During the site visit planning phase, the nursing program is notified of peer reviewer(s) selected for the site visit. The option to request selection of different peer reviewer(s) is provided. Once the survey team has been confirmed with the nursing program, completion of confidentiality as well as objectivity reports follows and are completed in preparation for each site visit.

Each nursing program is requested to submit the completed self-study guide by the deadline communicated; usually no later than six (6) weeks prior to the survey date. Exceptions are made should predetermined circumstances apply. Many programs submit information much sooner than requested. The self-study guide is submitted electronically; each nursing program has the option to submit additional exhibits in electronic and/or hard-copy format. Board staff review of program documentation prior to the actual site visit is extensive and hugely facilitates the evaluation process once on site at the nursing program. Familiarity with documentation submitted during the preparation phase, the program's website as well as approval history of the program is essential. A similar process is in place to provide programs with the opportunity to update program documentation prior to any additional site visits. Program histories are listed in site visit reports that allow comprehensive insight into approval processes and outcomes for each school. Upon review of documentation specific to the nursing program, education Board staff utilizes the completed self-study guide to comprise a preliminary report. This report is electronically communicated to selected peer reviewer(s) and utilized as the guide to conduct the respective site visit. Adjunct surveyors are expected to come prepared to address criteria outlined in the report.

Once on site, examination of policies, procedures, the curriculum/course materials and student services is completed. Interviews with the administrators representing the program as well as its sponsoring institution, faculty, students, and support staff, to include financial aid advisors, counselors and librarians are conducted. Interviews with as many student groups as possible have proven to provide information that is invaluable to program evaluation. Tours of the physical facilities/review of resources, to include classrooms, faculty offices, clinical skills and simulation laboratories, educational resource centers, computer resources, and the library are included. Upon conclusion of each site visit, the survey team reviews findings, collaborates and decides on formulation of recommendations to the Board. Verbal feedback in form of an exit interview is provided upon conclusion of the on-site survey process. While education Board staff leads the exit interview, this summary of findings reiterates the team's impression and reflects feedback received and provided to administrators, faculty and students throughout the day.

Once the site visit is completed, education Board staff compiles a final report draft. The respective preliminary report provides the base for this draft. Findings determined and verified on site are added as applicable. Board staff recommendations, as determined on site, are added and referenced to rule numbers within Minimum Standards (Nurse Practice Act). Each report draft is reviewed by each member of the survey team; necessary revisions are communicated to the team. Education Board staff is responsible for compilation of the final report to the Board.

Upon completion of the final report, the nursing program administrator/faculty have the opportunity to review the report and submit requested revisions. Appropriate revisions/corrections are made, the report undergoes a final Board staff review and is submitted to the Board's Education Committee. The Education Committee then makes a recommendation to the full Board as to approval of the report. Board members personally and/or professionally associated with a specific nursing program abstain from discussion/approval decisions related to the respective program. Education Committee recommendations/decisions are then reviewed/approved by the full Board during the subsequent full Board meeting. Nurse educators are invited to attend and participate in open meetings of the Board's Education Committee and the full Board. Program representatives as well as members of the general public are always welcome to attend. The option to attend Education Committee meetings per conference call is available. Many Missouri nurse educators welcome this opportunity to just listen in and/or to participate in the call on behalf of their school.

Collaborative program review has now been in place for more than a decade; it is clear that the guiding principle to provide honest, constructive feedback in a respectful and collaborative manner has served this process well. Even in situations where feedback to nursing programs is less than optimal and circumstances warrant significant intervention, this Board is generally successful to provide programs with the regulatory guidance necessary to bring about change. Peer review processes have been instrumental to foster true collaboration and trust among regulation, education and practice. This systematic approach to on-site evaluation facilitates comprehensive review of program processes, supports collection and reporting of data that provides a solid base to support staff recommendations to the Board and enhances visibility and approachability of education Board staff at the program level.

With the intent to gain honest feedback from Missouri nursing programs related to program evaluation and approval processes, a short survey is conducted at the end of each calendar year. Once Board processes related to respective site visits for each given year are completed and official Board decisions are communicated to each program, program administrators are invited to provide feedback to the Board. Program evaluation of site visits was initiated in 2009 to learn firsthand how nurse educators from all levels of pre-licensure nursing education view the survey process. Feedback from nurse educators is essential to safeguard this highly collaborative process of program evaluation and to ensure that outcomes continue to be mutually beneficial for all parties involved. Survey data continue to reflect highly positive feedback from nursing programs across the state. A program survey response rate of 50% or higher is achieved each year. Educators consistently rate nursing program evaluation processes as honest, fair, effective and efficient. Multiple reports on how this process has helped to improve and safeguard program operation and outcomes are received each year. Responses clearly reflect success of this collaborative peer review model! While very few Missouri nursing programs are currently on conditional approval by this Board (6%), historically this process has proven to bring forth necessary findings and documentation to facilitate and support regulatory actions of this Board. The Board's mission to safeguard instructional quality and program integrity as well as to foster optimal preparation of Missouri graduates to provide safe and effective care to patients in Missouri and abroad remains the overarching guiding principle of the nursing program approval process.

Disciplinary Actions**

The disciplinary actions shown in this newsletter are for the time period of March 1, 2019 to May 31, 2019.

You should not use this newsletter to verify license discipline or status. Look up a license using QuickConfirm at www.nursys.com to obtain current license and discipline status. If you are an employer, you should create a Nursys e-Notify® institution account at www.nursys.com in order to receive real-time alerts of any license or discipline status updates.

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

The Board of Nursing is requesting contact from the following individuals:

Amber Michelle Chumbley – PN 2009031098

Heather Marie Frey – PN 2001022468

Chastity Ann Fry – PN 2002027756

If anyone has knowledge of their whereabouts, please contact Kristi at 573-751-0082 or send an email to nursing@pr.mo.gov

CENSURE

Hayden, Angela Marie
Valley Park, MO
Licensed Practical Nurse 2007021164
On September 7, 2016, Licensee pled guilty to Theft of Government Funds in the United States District Court, Eastern District of Missouri.
Censure 04/27/2019

Martin, Dana J
Sedalia, MO
Licensed Practical Nurse 2003024325
On December 3, 2018, Respondent pled guilty to the class B misdemeanor of Property Damage - 2nd Degree in the Circuit Court of Pettis County, Missouri.
Censure 04/01/2019

Tomlin, Leslie Ann
O Fallon, MO
Licensed Practical Nurse 2006038082
Licensee practiced nursing in Missouri without a license from on or about June 1, 2016 to on or about May 30, 2018.
Censure 05/21/2019

Helwig, Larry L
Columbia, MO
Registered Nurse 137734
From July 10, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on fourteen (14) days, further Respondent checked in outside of the time window on four (4) days. On September 25, 2018, Respondent failed to check in with NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on September 25, 2018. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of January 2, 2019.
Censure 04/03/2019

PROBATION

O'Loughlin, Amber Marie
Old Monroe, MO
Registered Nurse 2013026855
From April 13, 2018 until the filing of the Complaint, Respondent failed to check in with NTS on two (2) days. In addition, on four separate occasions, May 4, 2018; July 5, 2018; October 5, 2018; and December 27, 2018, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. A creatinine reading below 20.0 is suspicious for a diluted sample. On January 7, 2019, Respondent reported to a collection site and provided the required blood sample for blood spot Phosphatidylethanol (PEth) testing. The blood sample Respondent provided tested positive for PEth, which indicates binge drinking or regular constant drinking in the period of time two to three weeks before the test. On January 15, 2019, Respondent reported to a collection site and provided the required blood sample for a follow up PEth test. The blood sample Respondent provided again tested positive for PEth, which indicates binge drinking or regular constant drinking in the period of time two to three weeks before the test.
Probation 04/08/2019 to 04/08/2022

Sanai, Laura M
Kansas City, MO
Registered Nurse 146422
From December 28, 2017 until the filing of the Complaint, Respondent failed to timely check in with NTS on seven (7) days. Further, on July 17, 2018; August 29, 2018; October 15, 2018; and November 14, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on two (2) occasions, March 6, 2018 and April 27, 2018, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. A creatinine reading below 20.0 is deemed a diluted specimen and will be considered a failed drug and alcohol test. In accordance with the terms of the Agreement, Respondent was required to obtain continuing education hours covering the following categories: Righting a Wrong - Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know, and have the certificate of completion for all hours submitted to the Board by November 21, 2018. The Board did not receive proof of completed hours until December 3, 2018.
Probation 04/08/2019 to 04/08/2024

Gramlich, Lisa Elizabeth
Columbia, MO
Registered Nurse 133215
Licensee was counseled on May 10, 2017 for showing extreme fatigue, noticeably distracted while working, sleeping while on shift, and leaving before her shift ended. Licensee was counseled on September 13, 2017 for showing extreme fatigue, noticeably distracted while

PROBATION continued on page 12

Disciplinary Actions**

PROBATION continued from page 11

working, sleeping while on shift, and leaving before her shift ended. On October 5, 2017, staff witnesses noticed Licensee's behavior had worsened since September 13, 2017. Licensee was counseled for erratic behavior. Licensee was asked to submit to a for-cause drug screen due to the erratic behavior that Licensee continued to have after speaking with her. On October 10, 2017, Licensee's drug test result was returned positive for marijuana. Licensee admitted she smoked marijuana recreationally.
Probation 04/18/2019 to 04/18/2024

Bazzell, Katelyn Breann
Poplar Bluff, MO
Licensed Practical Nurse 2012033851
On or about May 10, 2015, Respondent submitted to a drug screen at her employer. A report dated on or about May 18, 2015, confirmed that Respondent's drug screen tested positive for marijuana.
Probation 04/02/2019 to 05/20/2019

Quesada, Grace Victoria
Columbia, MO
Licensed Practical Nurse 2013034359
On April 27, 2018, Respondent signed and thereby entered into a Combined Statement of Charges, Settlement Agreement, and Final Order with the Iowa State Board of Nursing, which became effective June 6, 2018.
Probation 04/03/2019 to 04/23/2019

Newell, Melissa Ann
Blue Springs, MO
Registered Nurse 2004007926
On March 20, 2017, a coworker of the Licensee was preparing to administer Fentanyl to a patient of Licensee. Licensee informed the fellow nurse that she had administered Fentanyl to that patient an hour before, however it was noted by the nurse that that patient was in severe pain. At that time a Pyxis report for the month of March 2017 was requested to review the Licensee's removal, administration, and waste procedures. The review revealed that Licensee had questionable administration habits including administering PRN medications to patients that did not receive it from other nurses, as well as high pain scores for her patients who did not previously cite severe pain when being cared for by other nurses. Over a two day period, Licensee had multiple documentation discrepancies. Between March 2, 2017, and March 3, 2017, Licensee removed six vials of morphine that were unaccounted for. Licensee did not document the administration, waste or return of the remaining morphine after each patient administration. Also between March 2, 2017, and March 3, 2017, Licensee failed to document the waste of Fentanyl on four instances. On March 20, 2017, Licensee administered an IV hanging bag of Cephapine to the patient in room 4111. Licensees actions were in error as this antibiotic was to be administered to the patient in room 4102.
Probation 03/22/2019 to 03/22/2022

Taylor, Christina Alexzandria
Saint Louis, MO
Licensed Practical Nurse 2013041046
Respondent tested positive for cannabinoids/THC (marijuana) and, thereafter, admitted that she had "smoked pot" a week prior to the drug screen. Respondent did not have a prescription for marijuana or any lawful reason to possess the drug.
Probation 04/03/2019 to 04/03/2024

Patterson, Jennifer A
Kearney, MO
Registered Nurse 2001016497
On November 8, 2018, Respondent pled guilty to three (3) counts of the class A misdemeanor of Attempted Fraudulently Attempting to Obtain a Controlled Substance in the Circuit Court of Jackson County, Missouri. Respondent called in prescriptions for herself using her collaborating physician's name for phentermine, tramadol and alprazolam.
Probation 04/03/2019 to 04/03/2024

Sprague, Kathrine Louise
Liberty, MO
Registered Nurse 2010025309
On or about November 17, 2017, at approximately 0745, Licensee gave an off-going shift report to the oncoming staff nurse. This report was not completed at the patient's bed side. The oncoming nurse stated that Licensee informed her that Patient HS had been restless through the night, was confused, pulled at his catheter, tried to get out of bed, and pulled at his telemetry box. Licensee informed the nurse that she removed the telemetry box, as there was not an order for it. According to Patient HS's medical records, the last time his vitals were taken was at 2019 on November 16, 2017 by the night shift patient care assistant. The patient care assistant stated that the last time she checked on Patient HS was approximately 0400, at which time he appeared to be resting, but she did not check his vital signs at that time per instructions from Licensee. Licensee documented 0400 rounds at 0502, indicating that the patient was in bed, sleeping, phone and call light in reach, IV site within defined limits, ID band correct and on patient, bed in low position, siderail up x2. At 0638, Licensee charted the 0600 rounds, reporting the patient was in bed, sleeping, phone and call light in reach, ID band correct and on patient, bed in low position, siderail up x3. At 0715, Licensee charted the 0700 rounds, reporting the patient was in bed, sleeping, phone and call light in reach, ID band correct and on patient, bed in low position, siderail up x2. At approximately 0834, the oncoming nurse entered Patient HS's room and found him unresponsive. A catheterization laboratory technician interrogated Patient HS's pace maker and discovered that it showed ventricular fibrillation at 0513. When questioned about the patient, Licensee stated that the patient was confused, agitated, and pulling at his catheter. She and the patient care assistant worked to redirect the patient, but he was complaining of pain and hurt through the night. Licensee indicated she irrigated the Foley catheter at least 5-10 times, but she did not document it because she was unsure where to document it. Licensee stated that she knew Patient HS's vitals were skipped throughout the night. Licensee stated that Patient HS had been pulling at the telemetry box and that the patient care assistant said she would let the tele room know Patient HS was refusing to wear it. Licensee was asked how the patient's urine looked and indicated it was already dark when she came on shift. Licensee admitted to reporting in the nurses POD with the nurse and not at the bedside as expected. When asked about her documentation of the morning rounds, she indicated that she did the rounds as documented. Licensee was informed that the patient had passed away at 0513 and was asked again about her documentation completed after the patient's passing. In response, she stated that she did not go into the room, but looked at Patient HS from the doorway.
Probation 04/04/2019 to 04/04/2022

Johnson, Amy Michelle
Wentzville, MO
Licensed Practical Nurse 2009003283
On November 16, 2018, Respondent pled guilty to the class D felony of Receiving Stolen Property in the Circuit Court of St. Louis County, Missouri.
Probation 04/02/2019 to 04/02/2024

Strassle, Jennifer Anne
Kansas City, MO
Registered Nurse 2013002918
On January 25, 2016, Licensee was disciplined by her employer for accessing her protected health information on January 16, 2016, without following appropriate policy. On July 25, 2016, Licensee was disciplined by her employer for inconsistently documenting waste and administration of narcotic medications including hydrocodone that was pulled for a patient with no administration or waste documentation and hydromorphone that was pulled for a patient with a partial vial of hydromorphone left in the break room unattended; she was also disciplined for poor medication management in which medications were administered three (3) to four (4) hours late. On August 23, 2017, Licensee was disciplined by her employer for failing to appropriately respond to a patient's critical low oxygen saturation on August 20, 2017. On November 1, 2017, Licensee failed to infuse two (2) doses of antibiotic as ordered. On November 14, 2017, Licensee was suspended for three (3) shifts due to continued violations of the attendance policy. On December 14, 2017, Licensee met with the Director of Education Services to discuss the pattern of concerning mistakes and poor quality care she has delivered to her patients. Licensee was asked to provide, within seven (7) days of their meeting, written documentation of her improvement plan. Licensee failed to provide her plan to the employer. On December 22, 2017, Licensee was terminated following two additional incidents. The first noted incident was that on December 19, 2017, Licensee failed to follow protocol for administration of Tikosyn by failing to verify that the EKG was read by a cardiologist prior to administering the dose. The second noted incident was that on December 19, 2017, Licensee adjusted a Foley catheter without performing perineal care or utilizing sterile technique to manipulate the catheter.
Probation 04/04/2019 to 04/04/2020

Mitchell, Shirley A
Poplar Bluff, MO
Registered Nurse 124978
In an Agreed Order, which became effective August 19, 2014, Licensee and the Texas Board of Nursing stipulated that Licensee's Texas nursing license was subject to disciplinary action due to multiple instances of failing to maintain adequate or accurate records, substandard or inadequate care, and errors in prescribing, dispensing or administering medication. Licensee received a sanction of warning with stipulations. On June 16, 2015, the Texas Board issued a Modification Order allowing Licensee employment through a staffing agency only if the staffing agency could guarantee a three month contract with one facility. On May 8, 2018, the Texas Board issued a second Modification Order allowing physician supervision. As of October 19, 2018, Licensee had completed the continuing education requirements of the Texas Board; however, Licensee had not yet completed one (1) year of employment with indirect supervision.
Probation 03/07/2019 to 03/07/2020

Disciplinary Actions**

Huffman, Amy Leigh
Saint Joseph, MO
Registered Nurse 2012011699
On September 27, 2018, Respondent pled guilty to three (3) counts of the class C felony of Delivery of Controlled Substance Except 35 Grams or Less of Marijuana or Synthetic Cannabinoid in the Circuit Court of Buchanan County, Missouri.
Probation 04/02/2019 to 04/02/2024

Britton, Brandi Nicole
Jamestown, MO
Licensed Practical Nurse 2007025480
On October 23, 2018, Respondent pled guilty to the class D misdemeanor of Possession of Marijuana/Synthetic Cannabinoid of 10 Grams or Less in the Circuit Court of Moniteau County, Missouri.
Probation 04/02/2019 to 04/02/2022

Shipp, Tiffany R
Saint Louis, MO
Registered Nurse 2016018120
On April 10, 2018, an RN Clinical Educator was contacted by the Louisiana State Board of Nursing regarding an application from Licensee for Licensee's Louisiana nursing license to be reinstated. The Louisiana Board wanted to verify Licensee's employment dates and that she had over 1600 hours of nursing practice within a certain period of time. The Louisiana Board faxed the Clinical Educator a copy of the application, in which the Clinical Educator confirmed she did not complete the application and that was not her signature. Licensee admitted that she signed the Clinical Educator's name to the application.
Probation 05/30/2019 to 05/30/2020

Ellsworth, Larry D
Eolia, MO
Licensed Practical Nurse 046423
Licensee was employed as a LPN for a home health agency. Licensee admitted to discussing client husband's erectile dysfunction with the client, even though the husband was not a patient of Licensee. Licensee further admitted to discussing his own sex life with client during their conversation. The home health agency indicated this was not the first complaint they had received regarding Licensee's inappropriate sexual comments.
Probation 04/02/2019 to 04/02/2022

Dunham, Cheri L
Quincy, IL
Registered Nurse 2008028452
On July 26, 2018, the Illinois State Division of Professional Regulation issued an Order of Refusal to Renew denying the renewal of Respondent's Illinois nursing license, based on Respondent's failing to properly administer medication to residents, falsely documenting that the medications were administered to residents, and failing to report to the Illinois Board her subsequent termination from the facility.
Probation 04/01/2019 to 04/01/2022

Dziedzic, Dominique Marie
Kansas City, MO
Registered Nurse 2005030360
On September 14, 2018, Respondent reported to the Board that she had been terminated from her employer due to leaving syringes of Versed and Fentanyl on top of the Pyxis device after logging that the medication had been wasted. Further investigation by the Board showed that on May 4, 2018 Respondent had been disciplined by this employer for similar conduct involving leaving syringes of wasted Versed and Fentanyl on top of the Pyxis machine.
Probation 04/01/2019 to 04/01/2024

Sumowski, Heather Elaine
Blue Springs, MO
Registered Nurse 2012020399
On or about March 8, 2018 at 1322 hours, Licensee was involved in a reported motor vehicle accident to which police responded. Witnesses stated Licensee struck a vehicle backing out of a parking space and then exited her vehicle and went into the store. The store clerk witnessed the accident and indicated that Licensee entered the store and attempt to buy wine. The store clerk refused to sell the wine to Licensee because she appeared to be already intoxicated. Licensee initially denied involvement in the accident, but eventually stated, "I guess I was." The Police Officer advised when speaking with Licensee that he observed a strong odor of alcohol on Licensee and her eyes appeared to be watery and bloodshot. The Police Officer began to capture the standard field sobriety tests and asked Licensee how much she had had to drink that day. Licensee stated she did not know, but did admit that she had been drinking. The Police Officer concluded the field sobriety test and placed Licensee under arrest due to the public location and Licensee's inability to follow instructions. Once at the jail, Licensee repeated threats towards the Police Officer and assisting police officers, stating she was an ICU nurse at a hospital and that "we better hope we don't need care there" and that "we better hope our family doesn't need care there." Licensee made these statements several times and implied that she would not help if they "needed our lives saved." Licensee later agreed to a breath sample and answered nearly every interview question, "I don't know." Licensee gave a valid breath sample/BAC .214. Licensee was held for bond and charged with a DWI.
Probation 05/24/2019 to 05/24/2020

Finley, Kathryn Elizabeth
Jefferson City, MO
Registered Nurse 2005007150
On October 20, 2003, Licensee pled guilty to the class B misdemeanor of DWI Alcohol.
On March 9, 2004, Licensee pled guilty to the class A misdemeanor of Operating a Vehicle on the Highway without a Valid License.
On or about March 26, 2015, Licensee was observed by coworkers to have several syringes in her pockets, several filled with various amounts of liquid. A report of Licensees narcotic removal during her shift, revealed questionable administration and documentation of Dilaudid. When Licensee was asked to submit to a for cause drug screen, Licensee refused the test, turned in her employee badge, stated she quit and left the facility.
On or about June 8, 2015, a patient in the Emergency Department informed staff that Licensee had twice attempted to give her the wrong medication. A nurse practitioner on duty in the Emergency Department also expressed concern that Licensee seemed confused and unable to focus. The House Supervisor and the ER Supervisor requested Licensee to submit to a for cause urine drug screen. Licensee refused the drug screen and exited the hospital.
On or about August 26, 2015, staff members reported to administrators concerns with Licensees behavior, including leaving the department without notifying anyone, and frequently requesting a witness for narcotic waste at a much later time than when the narcotic was withdrawn. An investigation into Licensees controlled substance access revealed that the number of Licensees narcotic withdrawals were significantly higher than her peers, the number of Licensees narcotic wastes was almost twice as high as her peers, and Licensees average time to waste a controlled substance was significantly longer than her peers. Licensee submitted to a for cause drug screen on August 26, 2015, which was returned negative.
On or about January 7, 2016, coworkers expressed concerns over Licensees behavior including arriving late for scheduled shifts, frequently leaving the department without telling anyone, and regularly spending lengths of time fumbling around with something in a bathroom stall.
On or about January 8, 2016, pharmacy members ran a report of Licensees controlled substance activity for the previous month. The pharmacy report revealed multiple instances of Licensee withdrawing narcotics for patients not assigned to her, withdrawing narcotics for patients no longer in the emergency department, and failing to document controlled substance waste.
Probation 04/03/2019 to 04/03/2024

Boguslaw, Michael Ashley
Saint Louis, MO
Registered Nurse 2019014632
Applicant reported that he received a substance abuse evaluation on December 4, 2010, after being charged with DUI and Negligent and Reckless Driving on or about November 27, 2010. The evaluator recommended that Applicant attend a Twenty Six week drug and alcohol treatment program. Applicant completed the program on July 14, 2011. On May 18, 2011, Applicant was given a probation before verdict judgment for driving under the influence of alcohol in the District Court of Maryland for Baltimore County. Applicant was given one year of supervised probation, which he successfully completed and no guilty judgment or conviction was rendered against him. Applicant reports that the Maryland Institute for Emergency Medical Services Systems placed his Maryland Paramedic license on probation for one year beginning in January 2013, due to Applicants previous DWI. Applicant received treatment at Ashley Addiction Treatment from June 4, 2012 through July 5, 2012. Applicant again received treatment at Ashley Addiction Treatment from September 9, 2013 through October 7, 2013. Applicant was discharged to Foundation House with a guarded prognosis. Applicant was discharged from Foundation House on February 7, 2014. From April 30, 2014 through August 28, 2014, Applicant received outpatient treatment at Kolmac Outpatient Recovery Centers. In July 2016, Applicant entered treatment at Clayton Behavioral Health where he was diagnosed with F33.1 Major Depressive Disorder and F11.229 Opioid Dependence. Applicant currently attends outpatient treatment at Clayton Behavioral Health. Applicant states his sobriety date is early 2014.
Probation 05/02/2019 to 05/02/2024

Torres, Charlette M
Independence, MO
Licensed Practical Nurse 056636
On or about May 10, 2018, at approximately 1945, while checking on residents, a CNA found resident CN on the floor between his bedside table and his bed. The CNA called for Licensee, who responded to the room. Licensee advised the CNA that "we are going to report this as a witnessed fall and that when you peeked in the room, you saw CN sliding off of the bed and ran in there, then lowered him to the ground so we do not have to do neurological checks and all of the paperwork." On May 11, 2018 the CNA reported the incident to the Director of Nursing (DON). The DON determined that Licensee completed the internal report as a witnessed fall without injuries. Licensee documented "CNA reported that resident was seen sliding off bed onto floor when she went to check on resident. CNA was unable to reach resident. Resident may have been trying to go to the bathroom." Licensee then documented a witness statement of what happened "CNA stated that she seen resident sliding onto the floor from bed when she went to check on resident." The DON spoke with Licensee regarding the incident that happened May 10, 2018. Licensee acted surprised and questioned why she was being asked about the event. The DON advised Licensee that she had been informed that the fall, in fact, was not a witnessed fall. Licensee started crying and stated, "Why? Has something happened to the resident?" After being advised nothing had happened to the resident, Licensee stated, "I don't know why I did that. I was so busy." Licensee was removed from the schedule

PROBATION continued on page 14

Disciplinary Actions**

PROBATION continued from page 13

pending an internal investigation and was requested to provide a written statement regarding the incident. Licensee later submitted a requested statement and admitted to falsifying the report. Following the internal investigation and Licensee's own admission that she did falsify the report, Licensee was terminated from the facility.
Probation 05/15/2019 to 05/15/2020

Free, Stephanie Marie
Waynesville, MO
Registered Nurse 2001020646
At all times relevant herein, Licensee was employed as a registered professional nurse instructor with a college. On November 27, 2016, Licensee was counseled for emailing her students, using her personal email, and providing them a study guide that essentially was test questions for the last two exams and final exam of ACIII. Licensee's students performed extraordinarily on these exams, which raised questions regarding the discrepancy between other groups of students and the same exam. After the semester was complete, a student came forward and provided the information originally provided to another faculty member. Licensee initially denied sharing such study guides or exam questions with her students, but after Licensee was provided copies of the email and documents supporting this allegation, Licensee admitted to providing the information and explained that she wanted her students to be successful. On November 2, 2017, Licensee met with two nursing program coordinators to obtain constructive feedback and coaching on her current performance. Licensee was asked to bring all preceptor information to this meeting. Licensee appeared with approximately half of the documentation and indicated the remainder was "left at home on the kitchen table." The documents Licensee provided at this meeting were in disarray, visits appeared to be not completed in a timely manner, documentation lacked clinical substance, and some documentation was not completed at all. Licensee was advised to complete and organize the clinical preceptor visit documents and bring all documentation on Monday, November 6, 2017, for review. On November 6, 2017, Licensee met with the program director and provided all preceptor visit logs. Following the director's comprehensive review of the preceptor visit documents, the director found several discrepancies, including multiple areas of white-out on documentation, write overs, and not using appropriate forms, as well as questionable dates of visits. On November 11, 2017, the nursing program coordinator inquired with preceptors in terms of their satisfaction with program support and visits from Licensee. One preceptor noted that he had never met Licensee despite Licensee documenting that she had three visits with this preceptor. The director met with a student of the above preceptor, who also confirmed that she never met Licensee at the hospital during her rotation. On November 16, 2017, the director scheduled a meeting with the Vice President of Academic Affairs, a faculty representative, and Licensee to discuss the findings of the director's comprehensive review. Following the scheduling of this meeting, Licensee submitted her letter of resignation, which included a request to finish out the semester on December 19, 2017. Licensee fully admitted she falsified educational documents regarding multiple preceptor visits.
Probation 05/29/2019 to 05/29/2021

Goessele, Lovena Estella
Kansas City, MO
Registered Nurse 2014016345
On three occasions, October 5, 2018; December 6, 2018; and January 2, 2019, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. A creatinine reading below 20.0 is suspicious for a diluted sample. On November 26, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. On January 25, 2019, Respondent submitted a urine sample for random drug screening, which also tested positive for the presence of marijuana.
Probation 04/03/2019 to 04/03/2024

Rhymer, Jennifer Marie
Joplin, MO
Registered Nurse 2003027227
On February 2, 2018, Licensee diverted three (3) vials of Fentanyl waste. On February 5, 2018, a bottle of propofol was missing from the RSI kit that was used on a trauma patient. Licensee called and said the propofol was in room 3120. Security and nurses found two (2) opened and punctured bottles of propofol. One of the bottles matched the number from the missing propofol from the RSI kit. Licensee consented to a for-cause drug screen and was taken to Employee Health. Licensee's drug screen results returned positive for Fentanyl. License admitted to diverting controlled substances on February 2 and 5, 2018. Licensee stated that her diversion process was strictly in her wasting procedures and the medication involved was Fentantyl IV and 1 vial of propofol. Licensee received treatment in the latter part May 2018, wherein she admitted to consuming approximately three (3) alcoholic drinks per day since her discharge from the hospital on February 20, 2018.
Probation 05/07/2019 to 05/07/2024

Nance, Jason L
Florissant, MO
Licensed Practical Nurse 2017011444
From May 18, 2017 until the filing of the Complaint, Respondent failed to check in with NTS on one (1) day. In addition, on five (5) separate occasions, June 26, 2017; July 25, 2017; August 14, 2017; August 18, 2017; and July 23, 2018, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. A creatinine reading below 20.0 is suspicious for a diluted sample. On November 16, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of methamphetamine. Methamphetamine is a controlled substance pursuant to õ195.017.4(3)(c) RSMo. Respondent did not have a prescription for methamphetamine.
Probation 04/03/2019 to 04/03/2024

Karl, Heather Christine
Hillsboro, MO
Registered Nurse 2006019293
On October 23, 2018, Respondent entered an Alford plea for two counts of the Class C Felony of Possession of Controlled Substance Except 35 Grams or Less of Marijuana in the 45th Judicial Court of Pike County, Missouri. Respondent was found guilty of possessing more than 35 grams of marijuana and possessing bath salts.
Probation 04/03/2019 to 04/03/2022

Campbell, Robin Kaye
Cape Girardeau, MO
Licensed Practical Nurse 2010035701
On June 30, 2016, Respondent injured herself at work and was required to take a drug screen. On July 5, 2016, the drug test returned positive for marijuana.
Probation 05/13/2019 to 11/13/2021

Angell, Shana Dee
Nixa, MO
Registered Nurse 2009021445
From July 11, 2017 until the filing of the Complaint, Respondent failed to check in with NTS on four (4) days. In addition, on two occasions, July 21, 2017 and August 17, 2017, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. A creatinine reading below 20.0 is deemed a diluted specimen and is considered by the Board to be a failed drug and alcohol screen. On November 21, 2018, Respondent reported to a collection site to provide a sample, and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. When questioned by Dr. Greg Elam, Respondent denied drinking, but stated she had recently been using a lot more ostomy paste, which does contain 10-20% ethanol.
Probation 04/02/2019 to 04/02/2024

Fanz, Heather Lynn
Fenton, MO
Registered Nurse 2013002881
On January 14, 2017, a supervisor observed the Licensee stuttering and slurring her speech, and acting upset. Licensee submitted a sample for the breathalyzer blood alcohol test, which was returned positive with a 0.236 blood alcohol level. Licensee was observed with a bottle of vodka in her purse. She admitted to the Boards investigator that she did possess vodka at work and did consume alcohol while working.
Probation 04/27/2019 to 04/27/2023

Pagano-Lampe, Mary A
St. Peters, MO
Registered Nurse 072569
Respondent admitted to taking the Fentanyl for herself from the facility on a few occasions for her own personal use. Respondent did not have a prescription for Fentanyl.
Probation 04/26/2019 to 04/26/2020

Wilson, Allison Shea
Ballwin, MO
Registered Nurse 2013001674
On or about October 2, 2015, co-workers of Respondent noticed Respondent exhibiting impaired behavior including slurring her words, grogginess, and leaving without charting on patients. Co-workers also witnessed Respondent not following hospital policy while wasting narcotics. Respondent was removing narcotics and not documenting the administration or waste of those narcotics. On October 5, 2015, Respondent met with hospital administrators, and in that meeting, Respondent admitted to diverting narcotic medication for her personal use. Respondent admitted to the Board's investigator that she had diverted Percocet, Fentanyl, Dilaudid, and Morphine from July 2015, until September 28, 2015, for her own personal use.
Probation 04/23/2019 to 05/16/2019

Jamison, Judy K
Saint Louis, MO
Registered Nurse 071354
On March 8, 2018, Licensee dispensed a medication prescribed to one student to that student's sibling. The student advised after ingesting the medication, Licensee instructed the student to go into the bathroom to forcibly expel the consumed medication by sticking her fingers down her throat. The student then reported that when her attempt was unsuccessful, Licensee put her fingers down the student's throat, but was still unsuccessful. Licensee initially denied giving the student any medicine. Licensee did not document that the student was even at the clinic. Licensee failed to follow district procedures: completing a medication incident report, contacting the Heath Coordinator and the building Principal, contacting the student's physician and parents, and documenting vitals and observation for any issues after the medication was consumed. Licensee acknowledged she knew the district procedures, but did not follow them. Licensee's physical medication log had illegible counts and dates. The co-signer for the medication counts could not confirm the information provided in the physical medication count log, indicating the count had been changed after she signed it. Licensee failed to complete the electronic medication log accurately for every dose administered; therefore, the exact count of medication was difficult to determine. Licensee had inconsistencies throughout the daily medication log relating to physically dispensing the medication and documenting when the medication was given.
Probation 04/26/2019 to 04/26/2020

Collins, Melinda
Saint Charles, MO
Licensed Practical Nurse 2002020946
On or about August 4, 2016, Licensee was working in the house of patient J.K., a minor. Licensee and J.K.'s mother began a verbal altercation, and Licensee raised her voice to the mother due to a miscommunication regarding medication administration. Licensee yelled at J.K.'s mother in a rude and insulting manner for at least fifteen minutes with witnesses present. While Licensee

Disciplinary Actions**

was berating the mother, her supervisor was on the phone. Licensee refused to speak to her supervisor and continued to berate the mother. When Licensee finally took the phone, her supervisor told her to leave the patient's home immediately. On or about April 20, 2017, counsel for the Board sent Licensee a settlement offer to attempt to resolve the matter involving Licensee's unprofessional conduct at J.K.'s home without a formal hearing before the AHC. In response to the Board's settlement offer, Licensee sent counsel for the Board a packet of documents. The packet included voluminous pages of confidential medical records of patient J.K. Licensee did not give notice to, or receive permission from, anyone in J.K.'s family to disclose J.K.'s confidential medical information. J.K.'s confidential medical information was not relevant to the Board's allegations that Licensee had acted unprofessionally in the verbal altercation on or about August 4, 2016.
Probation 03/06/2019 to 03/06/2022

Benz, Stefani Elaine
Des Peres, MO
Registered Nurse 2011004521
Respondent was hired as a registered professional nurse at a hospital on April 21, 2014, to work the 3 p.m. to 11 p.m. shift in the facility's adult unit. Respondent told the facility that she was in treatment for alcohol abuse. The Personnel Development Manager with the hospital explained to Respondent that before she could work at the facility, she would need to supply a return to work authorization from her physician. On May 23, 2014, Respondent signed an agreement for the conditions of her employment with the hospital that included alcohol testing. During orientation, Respondent tested positive for alcohol. Respondent was placed on suspension from work on June 4, 2014, and her employment with the facility was then terminated on June 17, 2014. Respondent admitted she has an alcohol problem and that she drank enough alcohol each day to get drunk.
Probation 05/14/2019 to 05/14/2021

REVOCATION

Stewart, Brenda Kaye
Springfield, MO
Licensed Practical Nurse 2012004089
From July 17, 2018 until the filing of the Complaint, Respondent failed to check in with NTS on nine (9) days. Respondent last checked in on October 3, 2018 and has ceased checking in with NTS after that date. Further, on August 30, 2018; September 21, 2018; and, October 3, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on any of the aforementioned dates. On September 11, 2018, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam that she had consumed three (3) glasses of champagne with her husband two nights before the test. On August 9, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of oxycodone and oxymorphone. Respondent did not have a prescription for, or lawful reason to possess, Oxycodone or Oxymorphone. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of August 7, 2018.
Revoked 04/01/2019

Wagner, Elisabeth Ann
Marshfield, MO
Registered Nurse 2014022820
From July 12, 2018 until the filing of the Complaint, Respondent failed to timely check in with NTS on one (1) day. On August 15, 2018, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 18.6. A creatinine reading below 20.0 is deemed a diluted specimen and constitutes a failed drug and alcohol test. On August 17, 2018, Respondent reported to a collection site to provide the required blood sample for blood spot Phosphatidylethanol (PEth) testing. The blood sample tested positive for PEth, a metabolite of alcohol. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 18, 2019. The Board received an employer evaluation on February 2, 2019. The Board did not receive an updated chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of January 18, 2019. The Board did not receive evidence of continued support group attendance by the documentation due date of January 18, 2019. On February 2, 2019, the Board received evidence of continued support group attendance between November 2, 2018 and January 18, 2019.
Revoked 04/01/2019

Parker, Candia Marie
Peoria, IL
Registered Nurse 2016034468
In a Consent Order dated December 1, 2017, Respondent and the Illinois Department of Financial and Professional Regulation agreed that Respondent's Illinois nursing license was subject to discipline due to Respondent testing positive for marijuana in a pre-employment screen. Respondent's Illinois nursing license was placed on probation for a period of two (2) years.
Revoked 03/22/2019

Kean, Kelly Lynn
Newburg, MO
Licensed Practical Nurse 2007028791
On or about December 25, 2016, Respondent failed to monitor a resident who had been reported as unresponsive, instead continuing to work on other tasks. On or about December 25, 2016, Respondent cursed at and berated a resident's family member regarding the resident's medications. On or about December 30, 2016, Respondent was overheard talking to residents about another resident's medications, thereby violating the Health Insurance Portability and Accountability Act of 1996 (HIPAA). On or about January 28, 2017, Respondent acted unprofessionally and/or unethically in a number of ways, including, but not limited to: Yelling profanities in the vicinity of residents and family members; Asking a resident whether the resident smoked marijuana; Allowing residents to race wheelchairs in the hallways of the facility, disturbing other residents in the process. On or about February 4 and 5, 2017, approximately eight separate residents with whom Respondent was working had medication that was never accounted for. There were

REVOCATION continued on page 16

Disciplinary Actions**

REVOCATION continued from page 15

also multiple errors in documented administrations. On or about February 5, 2017, Respondent failed to follow correct infection control procedures. Respondent, holding a needle in her mouth while handling supplies, stuck herself with the needle in the bicep. Respondent proceeded to get another needle and vial of medicine, never changing gloves or wiping the vial before inserting the next needle. On or about February 6, 2017, Respondent was asked to submit to a for-cause drug test due to the unaccounted for medication. Respondent refused to submit to the drug test.
Revoked 04/01/2019

Bell, Jodi Michelle
Kansas City, MO
Licensed Practical Nurse 2015036780
Respondent completed and billed her employer for ninety-six (96) hours of time that she did not work. Respondent submitted the timecards for time she knew she did not work. Respondent failed to respond to the Board during the investigation.
Revoked 04/01/2019

Carter, Kate Lauren
Columbia, MO
Registered Nurse 2011004524
On August 15, 2017, Respondent was scheduled to work the night shift, beginning at 9:15 p.m., at a sleep clinic. On that shift, Respondent was responsible for overseeing patients participating in a sleep study. Prior to reporting for her shift, Respondent called in to work to report that she was sick - falsely claiming to have stomach problems. After calling in, she agreed to come into work and arrived at the clinic at 9:14 p.m. During her shift, two patients participated in a sleep study. The two patients arrived in the evening and stayed in separate sleeping rooms. Respondent's responsibility was to monitor them via closed circuit video feed in another room and document patient status every 20 minutes. The clinic used a security camera located inside its lobby to monitor the facility's front door. During Respondent's shift, the security camera recorded her leaving the front door at 12:28 a.m. Respondent remained outside the building, unable to monitor the patients, until 1:43 a.m. when she reentered the lobby momentarily. After looking through bags on the floor, she left the building again at 1:44 a.m. and remained outside the building until 2:28 a.m. While Respondent was outside the building, a patient participating in the study made multiple attempts to contact her for assistance by pushing a call button and actually calling out for assistance. At several points during this period, a person's voice accompanied by a knocking or buzzing sound can be heard on the security camera recording. At 2:28 a.m., Respondent re-entered the building. Immediately, a patient called out "hey," and Respondent attended to her. Throughout the rest of the night, Respondent left and re-entered the building and conversed with an unidentified individual through the front door. She recorded no notes or patient observations. Beginning at 7:57 a.m., clinic security cameras recorded Respondent talking to an unidentified male about her present drug habit and reporting her addiction to her employer. That morning, Respondent called the clinic operations manager to report she had used and was addicted to methamphetamine. On August 16, 2017, at 9:50 a.m., Respondent voluntarily submitted to a drug screening. She tested positive for amphetamine and methamphetamine. The AHC found Respondent's testimony credible that she had a prescription for amphetamine, but she did not have a prescription for methamphetamine.
Revoked 04/01/2019

Carrico, Barbara J
Shiloh, IL
Registered Nurse 151904
From January 31, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on one (1) occasion. On February 19, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. Further, on seven (7) separate occasions, Respondent reported to a collection site to provide the requested sample, however the test was cancelled due to an insufficient amount of urine or the sample leaking or being lost in transit. Respondent was additionally asked to undergo a blood test and the test kit was delivered to Respondent on December 7, 2018. Respondent did not submit to the blood test until December 18, 2018. The Board did not receive employer evaluations or statements of unemployment by the quarterly due dates of September 26, 2018, and December 26, 2018.
Revoked 04/01/2019

Dewein, Rebecca A
O Fallon, MO
Registered Nurse 145452
From October 9, 2017, until the filing of the Complaint, Respondent failed to check in with NTS on two (2) days, and checked in outside of the time window on six (6) days. Further, on September 24, 2018; October 1, 2018; October 5, 2018; and, October 18, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. On May 16, 2018, the low creatinine reading was 15.8. Respondent's creatinine reading was 19.1 for the September 12, 2018 sample. A creatinine reading below 20.0 is suspicious for a diluted sample.
Revoked 04/01/2019

Moore, Ericka Renee
Saint Louis, MO
Licensed Practical Nurse 2010024993
The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of September 21, 2018, and December 21, 2018.
Revoked 04/02/2019

Scott, Karissa Ann
Arnold, MO
Registered Nurse 2004021517
From July 12, 2018 until the filing of the Complaint, Respondent failed to check in with NTS on seven (7) days, and failed to check in within the required time window on seven (7) days. Further, on August 2, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. On October 18, 2018, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxazepam and Temazepam. Respondent had a prescription for Valium from March, but that prescription had been discontinued so that she could take Xanax. Thus, Respondent did not have a current, valid prescription for Oxazepam or Temazepam.
Revoked 04/01/2019

Strand, Connie S
Osage Beach, MO
Licensed Practical Nurse 043484
From November 9, 2018 until the filing of the Complaint, Respondent failed to check in with NTS on one (1) day, November 9, 2018, which was two (2) days after she appeared before the Board for her previous probation violation hearing. Respondent's creatinine reading was 13.3 for the December 21, 2018 sample. A creatinine reading below 20.0 is suspicious for a diluted sample. On December 21, 2018, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent denied to Dr. Greg Elam that she had been drinking, but stated that she had not been avoiding alcohol-based hand sanitizers.
Revoked 04/01/2019

Cleveland, Trisha Christine
Caseyville, IL
Registered Nurse 2014007305
In a Consent Order dated July 5, 2017, Respondent and the Illinois Department of Financial and Professional Regulation agreed that Respondent's Illinois nursing license was subject to discipline due to Respondent pleading guilty to the class 4 felony of possession of a controlled substance in St. Clair County, Belleville, Illinois. Respondent's Illinois nursing license was placed on indefinite probation for a minimum of three (3) years.
Revoked 03/18/2019

Israel, Kara Jean
Saint Joseph, MO
Registered Nurse 2014021870
In or about July 2016, nursing home officials noticed on the weekly Pyxis reports that Respondent was removing a higher number of narcotics than her peers. Further investigation indicated that she made numerous narcotics administration and documentation errors, including removing narcotics after she had recorded them as administered, and removing narcotics, wasting them, and then removing them again. When nursing home officials questioned Respondent about her narcotics practices, she had no explanation for the discrepancies in the documentation. The Board's investigator attempted to contact Respondent at the mailing address, telephone number, and e-mail address the Board had on record for the Respondent. Respondent did not respond to any of the communications, and therefore, did not cooperate with the Board's investigation.
Revoked 04/01/2019

Johnson, Christine Michelle
Excelsior Springs, MO
Licensed Practical Nurse 2005009292
Following an investigation by the Department of Health and Senior Services, by letter dated July 13, 2015, the Department notified Respondent that she was being placed on the Employee Disqualification List for two (2) years due to misappropriating property of a resident while employed at the nursing home.
Revoked 04/01/2019

Lillard, Shelley M
Lenexa, KS
Registered Nurse 2001027099
In a Summary Order dated December 21, 2018, the Kansas State Board of Nursing denied Respondent's licensure reinstatement in the state of Kansas.
Revoked 04/01/2019

Graczyk, Tanya L
Elsberry, MO
Registered Nurse 145671
Respondent never completed the contract process with NTS. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on June 26, 2018. Respondent did not attend the meeting or contact the Board to reschedule the meeting. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of September 12, 2018. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the due date of August 7, 2018.
Revoked 04/01/2019

Severe, Vanessa J
Albany, MO
Licensed Practical Nurse 2011039915
Through an agency, Respondent provided private duty nursing care for a 16-year-old patient who attended high school and who used an electric wheelchair and a ventilator. The patient's health condition required Respondent to be with the patient at all times while she attended school. On February 20, 2014, Respondent was providing care to her patient at school. At approximately 12:15 p.m., the patient was observed in the school hallway alone. The patient appeared pale and reported that she had thrown up and was searching for Respondent. School staff was unable to

Disciplinary Actions**

locate Respondent, so they used the public address system to attempt to locate her. A school staff member located Respondent in her car talking on her phone. Respondent abandoned her patient and failed to ensure that someone else was caring for the patient while she was on her phone in her car. Respondent failed to chart the change to the patient's status in the patient's medical chart.
Revoked 03/22/2019

Williams, Tauriea Lanee
Columbia, MO
Licensed Practical Nurse 2012013123
Respondent was required to contract with NTS prior to July 16, 2018. Respondent contracted with NTS on July 17, 2018. From July 17, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on eighty-eight (88) days. She never checked in with NTS after contracting with NTS. Further, on July 25, 2018; August 13, 2018; August 28, 2018; September 6, 2018; and September 28, 2018, Respondent failed to check in with NTS; however, all were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on July 25, 2018; August 13, 2018; August 28, 2018; September 6, 2018; and September 28, 2018. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of September 11, 2018. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of August 6, 2018. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on June 26, 2018. Respondent did not attend the meeting. Respondent contacted the Board office on July 9, 2018 with questions regarding her probation and was informed that she had failed to attend the meeting. Respondent was informed via e-mail that the meeting was rescheduled for Respondent to meet with the Board's representative on July 24, 2018 at 9:30 a.m. Respondent failed to attend the meeting or call the Board to reschedule. On July 5, 2018, Respondent self-reported that she had been passing medications, including controlled substances in violation of her probation, since her license had been placed on probation.
Revoked 04/01/2019

Minnigerode, Maggie Elizabeth
Saint Louis, MO
Registered Nurse 2013044829
Count I
Hospital administrators noticed that reports from in or about December 2015 to in or about June 2016 indicated that Respondent consistently administered more narcotics than any other nurse and that Respondent was the top dispenser of a number of separate medications. Respondent's superiors noted that she had questionable documentation and administration procedures, and wasted a great deal of medication. Respondent would dispense medication, return it, and then dispense it again in a short period of time. Respondent would withdraw medication prior to determining if patients needed medication. Respondent withdrew narcotics and did not administer them until two to three hours later on approximately ten separate occasions. Respondent would document the administration of medication prior to when the medication was actually dispensed. As a result of her questionable documentation and administration procedures, Respondent was asked to submit to a for-cause drug test on or about June 22, 2016. Respondent refused, and was therefore terminated from the hospital for failure to follow the Drug Free Workplace Policy.

Count II
On or about October 5, 2016, Respondent withdrew one Oxycodone 15 mg tablet for a patient. Respondent did not document the administration of the tablet in the computer narcotic administration system. Respondent was asked to submit to a for-cause screen. In a report dated on or about October 15, 2016, Respondent's drug screen was positive for amphetamine and oxymorphone. Respondent did not have a prescription for, or a lawful reason to possess, amphetamine or oxymorphone. On or about October 25, 2016, Respondent was terminated by the facility because of the failed drug screen. When later asked by the Board's investigator, Respondent admitted that she had taken Percocet and Adderall and asserted that she had received them from someone she knew.
Revoked 03/22/2019

Dunnic, Kristal Brooke
Blue Springs, MO
Licensed Practical Nurse 2000172175
When nursing home staff called the pharmacy for a refill of patient S.H.'s Oxycodone 10 mg on November 13, 2016, pharmacy medication records showed that a thirty count card of Oxycodone 10 mg ordered for patient S.H. had already been delivered to the nursing home on or about November 11, 2016. Pharmacy records revealed that Respondent had ordered the card of Oxycodone 10 mg on or about November 11, 2016. The pharmacy delivery records indicated that the card of Oxycodone 10 mg had been delivered to the nursing home and was signed for by a co-worker of Respondent on or about November 11, 2016. The coworker stated upon receipt of the delivery, she gave the card of Oxycodone 10 mg to Respondent. The narcotic count sheet for November 11, 2016 for resident S.H. originally indicated a "+1," which meant that a new card of medication had been received and entered into the count. An unsigned entry changed the "+1" to a "-1," which meant that a card of medication had been finished. The nursing home failed to recover the card of Oxycodone 10 mg that was delivered on or about November 11, 2016. When nursing home administrators attempted to call Respondent for an interview regarding the missing medication, Respondent stated that she was out of town and would not be back in town for four hours. Respondent never contacted the nursing home, did not arrive for her shift the next day, and never returned to work at the nursing home. Respondent has failed to update the Board with her current address.
Revoked 03/18/2019

Henderson, Lisa M
Springfield, MO
Licensed Practical Nurse 2016037347
From April 24, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on two (2) days. In addition, on January 4, 2019, Respondent failed to check in with NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on January 4, 2019. On January 24, 2019, Respondent reported to a collection site to provide a sample, and the sample tested positive for Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS), both metabolites of alcohol. Respondent admitted to Dr. Greg Elam, Medical Review Officer with NTS, that she drank a bottle of wine the day before she was tested. The Board did not receive an updated mental health evaluation submitted on Respondent's behalf by the quarterly due date of January 17, 2019.
Revoked 04/01/2019

Litteken, Michelle Kara
Ballwin, MO
Registered Nurse 2004018546
From October 29, 2018 until the filing of the Complaint, Respondent failed to check in with NTS on twenty-five (25) days. Respondent ceased checking in with NTS on January 8, 2019. Additionally, Respondent failed to submit to drug and alcohol screening after being randomly selected on January 7 and 30, 2019. On January 7, 2019, Respondent informed Board staff that she could no longer comply with the terms of her probation. Board staff sent Respondent a voluntary surrender agreement and requested it be signed and returned by January 22, 2019. As of the date of the filing of the probation violation complaint on February 4, 2019, the Board had not received the signed voluntary surrender agreement.
Revoked 04/01/2019

Little, Tori Michelle
Chester, IL
Licensed Practical Nurse 2016019949
On January 19, 2017, Respondent pled guilty to the class 4 felony of Unlawful Possession of a Controlled Substance, in the Circuit Court of Jackson County, Illinois. Respondent was sentenced to 24 months of supervised probation. On September 7, 2018, Respondent pled guilty to the class D felony of Stealing - Controlled Substance/Meth Manufacturing Material, and two (2) counts of the class D felony of Forgery, in the Circuit Court of Perry County, Missouri. Respondent was given a suspended imposition of sentence with five (5) years of supervised probation.
Revoked 03/22/2019

Massey, Novenda Marie
Eldon, MO
Licensed Practical Nurse 2011005801
Respondent never completed the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of August 3, 2018 and November 5, 2018. The Board did not receive a thorough mental health evaluation submitted on Respondent's behalf by the documentation due date of June 28, 2018.
Revoked 04/01/2019

Beatty, Colleen Lee
Kansas City, MO
Licensed Practical Nurse 2006010398
From January 14, 2016, until the filing of the Complaint, Respondent failed to check in with NTS on eight (8) days. Further, on May 6, 2016 and November 1, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening, but Respondent failed to report to a collection site to provide the requested sample. On November 4, 2016, the low creatinine reading was 17.3. Respondent's creatinine reading was 15.4 for the March 3, 2017 sample. The creatinine reading for the test on July 24, 2017, was 17.6. On December 17, 2018, the low creatinine reading was 18.8. A creatinine reading below 20.0 is suspicious for a diluted sample. On October 11, 2018, and October 19, 2018, Respondent submitted a urine sample for random drug screening. Both samples tested positive for the presence of marijuana. Respondent did not have a prescription for, or lawful reason to possess, marijuana. Respondent is presumed to have unlawfully possessed marijuana. On November 20, 2018, Respondent reported to a collection site to submit a sample for random drug screening. However, Respondent refused to test and left the collection site without providing a sample.
Revoked 04/01/2019

Montgomery, Katherine Marie
Independence, MO
Licensed Practical Nurse 2005021096
On July 2, 2018, the Board's Director of Compliance mailed a copy of the Order to Respondent and attached the deadlines for submitting required documentation and forms. As part of this mailing, a letter was included scheduling Respondent to meet with a member of the Board's management staff, in accordance with the Order, on July 24, 2018. On July 5, 2018, service of the Order and attached deadlines and letter was made by mail. Respondent did not attend the July 24, 2018 meeting. As of the date of the filing of the Complaint, Respondent had not completed the contract process with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of October 2, 2018 and January 2, 2019. As of the date of the filing of the Complaint, the Board had not received a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of August 27, 2018.
Revoked 03/22/2019

SUSPENSION continued on page 18

Disciplinary Actions**

DISCIPLINARY ACTIONS continued from page 17

SUSPENSION

Stuteville, Rebecca Nicole
Kansas City, MO
Registered Nurse 2016024556
Licensee suspended, failure to comply with the requirements of the Non-Disciplinary Consent Agreement.
Suspended 05/13/2019

Worley, Jillian Nicole
Columbia, MO
Registered Nurse 2008027061
Failure to comply with the requirements of the requirements of the executed Non-Disciplinary Consent Agreement
Suspended 05/09/2019

Rohrer, Taylor Anne
Sullivan, MO
Registered Nurse 2017031653
Failure to meet the requirements of the executed Intervention Program Non-Disciplinary Consent Agreement
Suspended 03/25/2019

VOLUNTARY SURRENDER

Robertson, Stacey Faye
Moberly, MO
Licensed Practical Nurse 2001027082
In her employment as a private duty nurse, Licensee was responsible for the in-home, direct care of W.A., a minor child. W.A. is non-verbal and has Oro Mandibular Lib Hypogenesis with Moebius Syndrome. Video footage from about September 2014, recorded by W.A.'s parents, shows Licensee physically and verbally abusing W.A. on numerous occasions. On March 4, 2019, in the Circuit Court of Boone County, Missouri, State v. Stacey Faye Robertson, case number 17BA-CR00501-0 1 , Licensee pleaded guilty to two counts of the Class C Felony of endangering the welfare of a child in the first degree under Section 568.045, RSMo, because on or between September 9, 2014 and September 11, 2014 and on or between September 18, 2014 and September 19, 2014 Licensee "knowingly acted in a manner that created a substantial risk to the life and body and health of W.A., a child less than seventeen years old, by striking him."
Voluntary Surrender 03/11/2019

Sullivan, Michael G
Saint Louis, MO
Registered Nurse 066205
On or about June 19, 2018, Licensee reported to work for his scheduled 7:00 a.m. shift and assumed care of three (3) patients in the West Nursing Unit, Nursery A. A few hours into his shift, concerns were brought to management by Licensee's coworkers that he may have been impaired by alcohol while caring for patients. The charge nurse, nurse manager, and Director of Nursing assessed Licensee and noted that Licensee's speech was slurred and he was stumbling when walking. Based on the assessment, Licensee was pulled from assignment and he consented to testing by Breathalyzer by a third party provider. The initial test result was 0.089 and the follow-up test result was 0.093.
Voluntary Surrender 05/29/2019

Holiman, Amanda Nicole
Jackson, MO
Registered Nurse 2009003757
On or about July 6, 2016, Licensee submitted to a for cause drug screen. On or about July 12, 2016, Licensees sample tested positive for Morphine, Hydrocodone, Hydromorphone, and Meperidine.
Voluntary Surrender 04/30/2019

Martin, Rachel Lee
Moberly, MO
Registered Nurse 2012042946
On June 14, 2018, Licensee was observed labeling multiple syringes, including saline-filled syringes, with narcotic stickers. It was reported that staff could not make a clear determination when Licensee wasted the unused narcotics or if what was being wasted was the controlled medication or saline. Licensee was also observed leaving the procedure room in between patient procedures to use the restroom for thirty minutes at a time. Licensee was observed placing two (2) syringes in a desk drawer while wasting another set of medications. When questioned by University Hospital administration about the questionable actions, Licensee denied taking any medication. Licensee refused to submit to a for-cause drug screen, and was placed on administrative leave.
Voluntary Surrender 05/28/2019

Swisher, Janet A
Bolivar, MO
Registered Nurse 118467
In a Consent Order dated November 7, 2018, Licensee and the Oklahoma Board of Nursing agreed that Licensee's Oklahoma nursing license was subject to discipline due to Licensee misappropriating money from patients and her employer. Licensee voluntarily surrendered her Oklahoma nursing license.
Voluntary Surrender 05/22/2019

Bazzell, Katelyn Breann
Poplar Bluff, MO
Licensed Practical Nurse 2012033851
Licensee voluntarily surrendered her nursing license.
Voluntary Surrender 05/21/2019

Moore, Chelsea Dawn
Marshall, MO
Licensed Practical Nurse 2010031420
Licensee voluntarily surrendered her Missouri nursing license effective March 7, 2019.
Voluntary Surrender 03/07/2019

Campbell, Mary Belinda
Orange Beach, AL
Registered Nurse 2018026642
On April 12, 2019, Licensee pled guilty to the class D felony of Domestic Assault - 2nd Degree and the class E felony of Domestic Assault - 3rd Degree, in the Circuit Court of St. Louis City, Missouri.
Voluntary Surrender 05/20/2019

Wilson, Allison Shea
Ballwin, MO
Registered Nurse 2013001674
Licensee voluntarily surrendered her Missouri nursing license effective May 17, 2019.
Voluntary Surrender 05/17/2019

Johnston, Tiffany Nicole
Centralia, IL
Registered Nurse 2006028996
On December 17, 2018, Licensee signed and thereby entered into a Consent Order with the Illinois Board of Nursing stipulating that Licensee's nursing license was subject to discipline. The Consent Order became effective on January 14, 2019 and placed Licensee's nursing license on probation for a period of 30 months. In the Consent Order, Licensee and the Illinois Board of Nursing stipulated:
a. On or about November 19, 2018, Respondent pled guilty to one count of unlawful possession of a controlled substance, a Class 4 Felony, in Case Number 2017CF603 before the Circuit Court of Jackson County, Illinois. On or about November 29, 2018, Respondent was sentenced to First Offender Probation for a period of twenty-four months. The basis for the charges is that Respondent diverted Dilaudid from St. Elizabeth Hospital for an approximate period of two weeks in May 2017, while on a contract with Cross Country Staffing and Respondent diverted Fentanyl from Memorial Hospital of Carbondale for the approximate period of September 17, 2017 through October 16, 2017 and test positive for opiates. On or about August 29, 2018, Respondent pled guilty to, and was found guilty of,

Resisting a Police Officer/Correctional Employee, a Class A Misdemeanor, in Case Number 2017CF130, before the Circuit Court of Marion County, Illinois and was sentenced to probation for a period of one year.
Voluntary Surrender 05/16/2019

Muhs, Melissa Ann
Fordland, MO
Registered Nurse 2001019770
Licensee voluntarily surrendered her multistate licensure privilege to practice nursing in Arizona.
Voluntary Surrender 05/15/2019

Rucker, Brandon Curtis
Saint Peters, MO
Registered Nurse 2013024545
On or about May 8, 2018, Licensee was assigned to care for four patients. The nursing supervisor on shift noticed that Licensee was exhibiting odd behavior, including slurred speech and asking questions about his patients that he should have known as the bedside nurse. Licensee was asked to submit to a drug test, which was deemed positive for codeine-morphine. Licensee did not have a prescription for, or lawful reason to possess, morphine. Licensee failed to cooperate with the Boards investigation.
Voluntary Surrender 04/18/2019

Killian, Angela Hope
Florissant, MO
Registered Nurse 2014009852
Count I
On or about September 23, 2017, co-workers observed Licensee appearing sleepy, disheveled, and agitated. Licensee removed pain medication for two (2) patients to whom she was not assigned; however, neither patient reported pain to the charge nurse. Licensee submited to a for-cause drug screen and she tested positive for Morphine, Fentanyl, Oxycodone, and Oxymorphone. Licensee does not have a prescription for, or a lawful reason to possess, Morphine, Fentanyl, Oxycodone, and Oxymorphone.

Count II
From approximately January 1, 2018, to April 17, 2018, Licensee removed medication from the Diebold system and held onto it for several hours before administering it, failed to waste the correct amount of medication, and failed to document the administration of medication she previously removed. An investigation of Licensee's practices with narcotics for the first 4 months of 2018 revealed numerous issues. Administration scheduled a meeting with Licensee for April 18, 2018, regarding the issues, but Licensee left her badge and resignation in her supervisor's mailbox.
Voluntary Surrender 04/11/2019

Change Form

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
NAME/ADDRESS CHANGE FORM

MAILING ADDRESS:
STATE BOARD OF NURSING
PO BOX 656
JEFFERSON CITY, MO 65102-0656
(573) 751-0681
Fax: (573) 751-0075
Email: nursechange@pr.mo.gov

EXPRESS MAIL DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

Website: http://pr.mo.gov/nursing

PERSONAL INFORMATION

TYPE OF CHANGE
☐ NAME ☐ ADDRESS ☐ PHONE ☐ EMAIL

TYPE OF LICENSE ☐ RN ☐ LPN	MISSOURI LICENSE NUMBER	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

FULL NAME (LAST, FIRST, MIDDLE) AS CURRENTLY IN OUR SYSTEM

NEW INFORMATION

NEW NAME (LAST, FIRST, MIDDLE)

PRIMARY STATE OF RESIDENCE ADDRESS (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVER'S LICENSE)

CITY	STATE	ZIP CODE

MAILING ADDRESS (ONLY REQUIRED IF DIFFERENT THAN PRIMARY RESIDENCE ADDRESS)

CITY	STATE	ZIP CODE

TELEPHONE NUMBER	EMAIL ADDRESS

ATTESTATION

☐ I declare _____ as my primary state of residence effective _____.

☐ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Information on the Nurse Licensure Compact can be found at www.ncsbn.org/nlc.
In accordance with the Nurse Licensure Compact **"Primary State of Residence"** is defined as the state of a person's declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

- Driver's license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

Proof of any of the above may be requested.

⇒ If your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.
⇒ If your primary state of residence is a compact state other than Missouri and you have a current multi-state license in that state, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state.

I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

SIGNATURE	DATE

You may return the completed form to the Board office via mail, fax, or email. The Board's contact information can be found at the top of this form.

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